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ABSTRACT

This study looks at Canadian families' efforts to begin an inclusive life for their children with disabilities--and for society--"right off the bat," in the child care arena. It examines quality child care situations that welcome children with disabilities. It explores needed reform of public policy and programs to build on those successes. Individual chapters specifically address: (1) models of child care most commonly found in Canada, which could be used to provide integrated child care; (2) the legislative and policy context of child care, at the national and provincial levels; (3) public policy and funding; (4) access and responsiveness to families' needs; (5) training and professional development; (6) the disproportionate impact of child care arrangements on mothers of children with disabilities; and (7) family views of quality child care inclusive of children with disabilities, with guiding principles for policy and programs. The study concludes with a challenge to Canada to honor its commitment to promote "the dignity, self-esteem, and participation of children with disabilities." An appendix describes the role of community agencies in making the transition from segregated to inclusive child care. (Contains 117 notes and 85 references.) (JDD)

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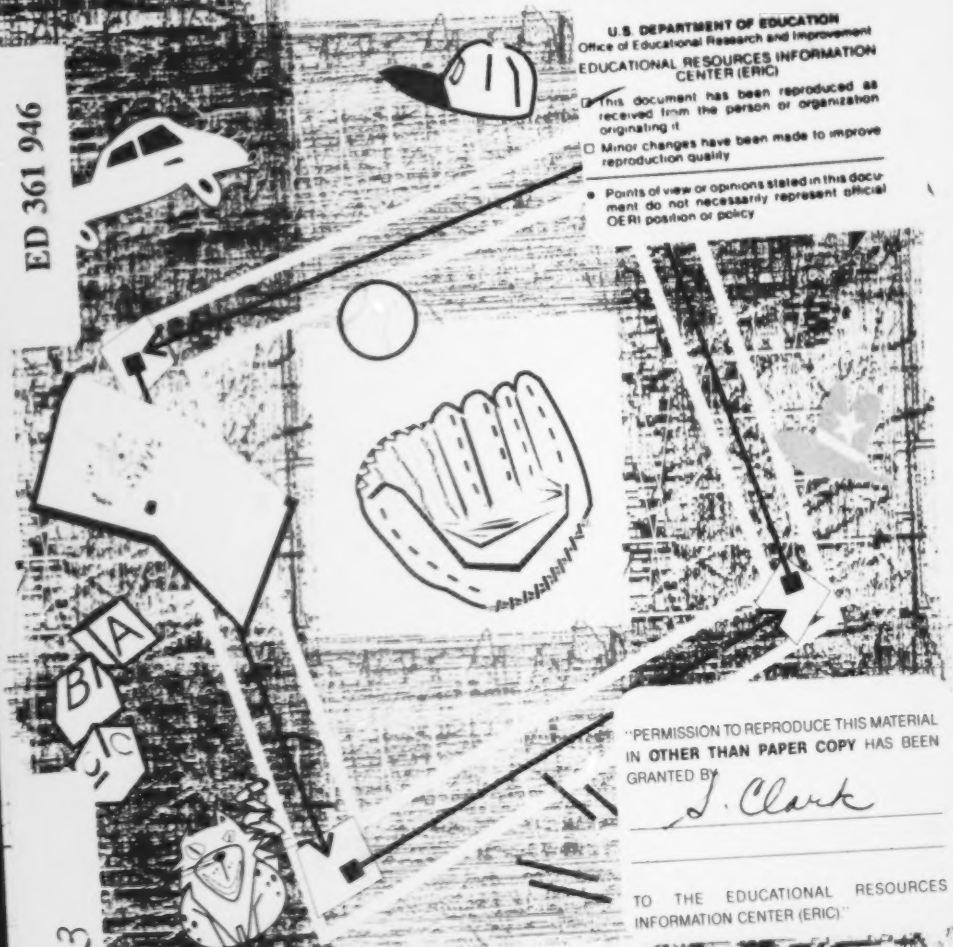

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FOREWORD

About one in every 20 Canadian children under the age of 15 has a disability. This means that, for every 20 families or so on our neighbourhood block, in our village, or on our country road, there is a child with a disability. If *we* are not that family, chances are we know the family or that our children know them.

These families want the best for their children. They want their children, like other children, to be welcomed on the neighbourhood playground, at the nearby swimming hole, at sleep-overs with friends and in the play centre where other kids sing, listen to stories, eat cookies and cover themselves in finger paint. They want their children to be welcomed by the neighbourhood school, to learn about explorers and planets, and to make friends. They want their children to celebrate high school graduation, perhaps to get a post-secondary education and to prepare for adult life in the community.

When their children reach adulthood, they want them to have opportunities for meaningful jobs and to take their rightful place alongside other citizens. And like others, when their children reach old age, they hope it happens gracefully, with dignity, a feeling of belonging and a sense of life well lived.

Increasingly, mothers and fathers want — and expect — the world to treat their children with disabilities well. Increasingly, they see that this expectation is not about charity. It has to do with securing each individual's place as a member of society, about securing respect for individual differences and about treasuring people's differences. This expectation is about the way communities and the world ought to be. It is about basic human rights.

Families of children with disabilities understand, however, that with high expectations come struggles and that those struggles begin the day their child is born. They soon recognize that if they can help transform the child's small world into a more tolerant, more welcoming, more inclusive place, this will have ripple effects throughout the life of their child and extend far into society.

Families, then, are concerned about inclusive child care. Quality child care that welcomes children with disabilities can free mothers and fathers to take part in the labour market. It can help weary parents find a measure of relief from the sometimes difficult demands of raising a child who happens to have a disability. It can help the family build on the child's capacities and help the child's potential unfold. But, perhaps equally

important, child care that welcomes all children regardless of gender, ethnicity or ability level is a means of building a better society.

Families are learning that if children with disabilities are welcomed alongside other children in child care settings, they are more likely to be welcomed at the neighbourhood elementary school alongside their playmates. If they can go to elementary school, then surely they should be able to attend high school. And if they can attend high school, then why would anyone exclude them from working alongside others and from taking part in other aspects of community life? And if they are among us as adult equals in the community, then why would we allow society to accord them anything less than the best that it has to offer its senior citizens? And so families are coming to believe that, by ensuring the world of the small child is a place that includes rather than excludes, society at large will gradually become more tolerant, respectful, inclusive and welcoming.

This study looks at families' efforts to begin an inclusive life for their children — and for society — right off the bat, in the child care arena. It is about the struggles they face and why they face them. But it is also about triumphs. It examines quality child care situations that welcome children with disabilities. It explores needed reform of public policy and programs to build on those successes. As such, this study stands in league with many other reports produced by The Roeher Institute that pursue similar lines of inquiry into the place of people with disabilities in Canada. Of

particular interest to those concerned about child care is the counterpart of this report, *Quality Child Care for All: A Guide to Integration.*

Words of thanks are in order to Health and Welfare Canada's Child Care Initiatives Fund. Without their support and appreciation of how public policy and programs affect children and families living with disability this research could not have been undertaken. Thanks are also extended to the many individuals involved in the Canadian child care field who were interviewed during the research. But particular gratitude is reserved for the mothers and fathers who generously allowed us into their lives to share their world and that of their children. It is hoped that, in relaying their experiences and insights, this research will contribute to the creation of wiser and more equitable child care policy and programs. If children are our most vital asset, getting things "right off the bat" is imperative.

Cameron Crawford
Assistant Director

INTRODUCTION

Parenthood is filled with dreams of a child's future, with eagerness to head a child in the right direction and desire to set in motion a life of growth. For parents, the future begins immediately, with each decision influencing the course of a child's life.

Many of the decisions faced by parents of children with disabilities are unique: where can our children learn and grow so they will be recognized and appreciated for their strengths and abilities? How can we begin early to help our children reach their fullest potential? How can we get the support we need in order to care for our children at home? In what settings can our children learn from other children? What can we do to ensure that they grow up as equal and valued members of society?

However, the choices parents have in fulfilling these dreams of the future are influenced, and to some extent limited, by economic realities, particularly for families needing supplementary child care. Ideally, families should be able to select among many options to meet their needs and those of their children.

Parents are at the forefront of the battle to expand choices for their children. At a time in Canada when the rights of people with disabilities are entrenched in the *Charter of Rights and Freedoms*, parents are insisting that their children with disabilities have the right to be in the mainstream of society as valued and contributing members. Knowing the importance of the early years for maximizing a child's growth and independence, parents want inclusion to begin in the preschool years. They want access to the same day care centre attended by the other kids on the block. They know that good integration can only take place in a well-funded, quality child care system.

This study is about the participation of children with disabilities in community child care programs and about the issues faced by families in their pursuit of fully inclusive child care arrangements. Chapter 1 of the study examines the models of child care most commonly found in Canada — models that could be used to provide integrated child care. The chapter also explores other types of child care arrangements made by families. Chapter 2 examines the legislative and policy context of child care by reviewing the role of the federal government and the provinces and territories. Chapter 3 focuses on issues related to policy and funding. Chapter 4 details issues concerning access and

responsiveness to families' needs. Training and professional development are discussed in Chapter 5. The disproportionate impact of current child care arrangements on mothers of children with disabilities is the subject of Chapter 6. In Chapter 7 the discussion moves on to family views of quality child care inclusive of children with disabilities. The chapter maps out guiding principles for policy and programs. The study concludes with a challenge to Canada to honour its commitment made in signing the United Nations Convention on the Rights of the Child, a commitment to promote "the dignity, self-esteem and participation of children with disabilities."[1]

Information for this study came from many sources. Letters were sent to provincial and territorial government officials responsible for the provision of child care services. Letters also went to directors of provincial and territorial child care organizations. Interviews were conducted with policy makers and program operators to gather information about where and to what extent children with disabilities were being integrated. Interviews were also conducted with families throughout the country concerning difficulties they experienced with access to child care. Representatives from the provincial and territorial divisions of the Canadian Association for Community Living were interviewed regarding concerns in their respective jurisdictions. In addition, a literature search was conducted for articles and titles relevant to this subject. The timely emergence of SpeciaLink, the Day Care Mainstream Information Network, during the course of this study meant the expedient identification of useful resources, innovative

programs and valuable informants.

Fortunately, although efforts for inclusion often appear to be an uphill battle, families are not in complete isolation. Significant numbers of professionals, advocates and people concerned about the provision of quality child care are committed to the well-being of children in Canada. They are outspoken about the fact that quality child care is an asset to the healthy development of children from all social and economic — and ability — groups.

Some child care centres in Canada have opened their doors to children with disabilities. In these situations, key individuals are committed to inclusion on moral grounds and have demonstrated leadership. Programs have been adapted, in-service training organized and resources acquired through ingenuity rather than regulation. Often inclusion of a child with a disability has meant policy has been "stretched" or even circumvented because of its rigidity. Such innovative centres, and the practices developed to support a child's participation within the daily routine, are still the exception rather than the rule. However, they point the way for universal inclusion.

Until universal inclusion is the rule, families are, for the most part, left to organize their child care needs themselves, searching newspaper ads and notice boards, turning to neighbours and friends. In their struggles, many different arrangements have emerged, revealing how widely families' needs vary. Stories of ingenuity and resourcefulness have emerged across the country. New Brunswick: with her daughter's support worker's

hours cut, a mother devises a way to recover the hours so her daughter can attend an after-school recreation program. Yukon: Friday mornings, mothers gather to recall anxious hours in intensive care units, to discuss doctors and drugs and coping. They must bring their children with them because all their children are highly susceptible to infection. Ontario: a family submits a home video of their situation to strengthen their application for needed respite services. Alberta: a group of parents with young children in integrated day care meet for the first time. One mother speaks eloquently about learning to assert herself in fighting for her son's rights. Saskatchewan: a family intending merely to pass through Canada on the way to another country experiences the birth of their child with a disability and witnesses first-hand the weaknesses and cracks in Canada's health care and social service systems. Exhausted but undefeated, they fight for appropriate services for their daughter and meet a supportive social worker and neighbour along the way. Cape Breton Island: parents are thrilled with the quality of their child's day care centre and get ready to tackle the next hurdle—the school system.

This research was undertaken with the desire to bring greater public attention to the crises facing families of children with disabilities in Canada. The hope is that, in the future, families will reap the benefits of the struggles now being waged. The hope is that soon children with disabilities will be automatically included as part of the team. No more waiting "on deck!"

chapter 1.

THE BALL PARK: MODELS OF CHILD CARE AND FAMILY SUPPORT

The term "child care" is generally used when referring to a variety of care arrangements and education for children up to 12 years of age, beyond the care provided by their immediate and extended family and regular schooling.[2] Child care addresses a wide variety of needs. This chapter provides a brief discussion of the importance of child care and explains why fully integrated child care for children with disabilities is seen as a valid goal for society and families. The chapter also provides a description of the models of child care most commonly found in Canada. These models are, or could be, used to provide integrated child care to children with disabilities. Included in the discussion are descriptions of other models of support that enable children to remain with their families and develop like other youngsters.

WHY CHILD CARE IS IMPORTANT

Child care assists working parents by providing care for their children while the parents work, attend school or take training. It is a support system for families, especially those for whom having a child with a disability further complicates caring.

Good quality care provides children with opportunities for socialization and healthy development. Furthermore, without dependable child care, women are prevented from achieving the social and economic independence for which they are struggling.

Good quality child care gets children off to a positive start. An environment geared to their stature where they are considered worthy and treated as though they matter contributes to their sense of well-being and confidence. Staff members who are consistent, affectionate and committed inspire trust and encourage children's abilities to form loving relationships. On the other hand, children who experience neglect and whose emotional needs are ignored even while the physical ones are attended to will miss these opportunities for learning and growth. This will perhaps inhibit their development.

Parents also need to maintain their own relationships, as couples, in face of the seemingly endless demands posed by their children. In the words of one informant for the research: "What's important to me is to find someone to stay with them overnight so that we can slip away to a hotel. We cuddle the kids all the time but it's hard to make time for each other."

THE ARGUMENT FOR INTEGRATION

The argument for early integration begins with the fact that young children need to begin developing friendships immediately. The ability to enter the give and take of a relationship is seldom a natural talent but a skill learned through experience, involving a few hard lessons. Children need ample opportunities to meet other kids their own age — in nursery schools, day care centres, neighbourhood schools, boys' and girls' clubs, Brownies or after-four programs.

Second, children thrive on stimulating experiences of growth, development and learning in inclusive environments. Integration builds their identities as children, not as handicapped children. Families that have experienced a quality integrated program become convinced of the advantages; there is no turning back for them because they see good day care as a "very nourishing environment."

The third cornerstone of the integration argument is the fact that children need to live with families — and that families themselves need to be supported. Belonging to families gives children a sense of security about their future. In order that families can care for their children at home, rather than being forced to institutionalize them, families need support in meeting their child care responsibilities. They also need temporary relief from those ongoing responsibilities. This means access to all generic child care arrangements in their community, including babysitters or the equivalent, and financial assistance to cover the often extraordinary costs associated with a disability.

Fourth, quality integrated child care has a positive impact on parents. Some parents prefer the "normality" of the community centre routine — it makes them feel they are no different than other parents coping with the every day challenges of child rearing. Others feel they would like more contact with parents whose experience of disability establishes common ground.

In addition, parents who have had positive experiences of a quality child care program will have high expectations of their child's ability to grow and learn. Parents who have acquired a sense of their strengths, and who recognize their child's right to attend school with friends, will make the transition from child care to school by exerting demands on the education system. As such, inclusive child care becomes a powerful strategy for social change.

A mother whose eight-year-old had attended a segregated preschool program illustrated this point. At a meeting of parents of three- and four-year-olds integrated in a community day care centre, she suggested that "in her time" parents were just as segregated as their children. Although they did have one another to discuss their problems with and share their battles against the system, they also had what she described as a "poor me" mentality. When they visited schools to discuss integrating their children, they went expecting refusals, rejections and "problems, problems, problems." That was exactly what they got. Eventually all they were offered was a special school. However, to the group of younger parents, this mother pointed out, "You will go to the school expecting more. You will demand that your child go to the same school as all the friends he

played with at day care." Then she added, revealing hard-won wisdom, "Prepare your arguments well in advance and never go alone. I warned [school authorities] they might refuse me but there would be a huge third wave coming up behind!"

Finally, the integration of children is an imperative because the community needs to begin learning to welcome all children as they grow into adulthood. Involving young children with disabilities wherever children learn and play will teach others to be more accepting of difference. Child care programs see a tremendous flow of traffic including community volunteers, teachers, students on field placements, parents and other professionals. All these people can have the opportunity to know children with disabilities, creating widening circles of understanding and accommodation.

Most important, of course, in these widening circles of acceptance are all the children who share the laughter of water-play and the lullabies at nap-time. Years of such familiarity will grow into friendships with and advocacy for people with disabilities as they move into schools, community life and the workplace.

Child Care Options: General Models

The child care movement has promoted awareness that society has a responsibility to share in caring for children. Child care advocates have struggled to make the government recognize and formalize that

responsibility with an adequate child care system. The movement has also worked within the context of various models of child care to realize a vision of full inclusion of children with disabilities.

Models of inclusive child care and family support at the program level are found everywhere. There are centres that practise quality inclusion inventively and dynamically, such as the Town Day Care Centre in Glace Bay, Cape Breton, Nova Scotia. There are centres that transformed from specialized programs to providers of outreach services to generic day care centres, such as the Child Development Centre in Whitehorse, Yukon Territories. Certain agencies establish individualized support in which dollars are attached to the child, not the centre, in recognition that the child's needs will change. The Early Childhood Options Program operated by the Edmonton Northwest Child Care Society in Alberta is an example of this. Models at the policy level are found in provinces that provide incentives for inclusion. These incentives may involve recognizing a centre's need for additional personnel and equipment when it includes a child with disabilities. The Children with Disabilities Program operated by the Child Day Care Branch, Department of Family Services, Manitoba, provides such support to centres.

The following discussion provides an overview of general models of child care that are being used to include children with disabilities. It also looks at other models of support that make it possible for children to remain with their families.

DAY CARE CENTRES — LICENSED

We looked for a spot when he was three months old. I needed to go back to work. At that point we didn't know that anything was wrong, that he would have a problem. We just looked for some place well organized, where there would be other kids. His name went on a waiting list and luckily we found something a few months later.

Centre-based child care can be licensed or unlicensed; if it exceeds a certain size it must have a licence. This means the service is regulated by the provincial or territorial government and is inspected or monitored. Monitoring is inconsistent from place to place, ranging from routine visits to unannounced inspections. Services must comply with standards in health and safety, group size, staff-to-child ratios and, in some jurisdictions, parental involvement and educational requirements for staff.

All provinces and territories allow for the attendance of a child with a disability but they have varying policies as to the provision of additional supports and resources. Some jurisdictions enable centres to receive funding to employ additional staff. Other jurisdictions make a variety of grants available to centres for equipment, accommodation of the physical site and for the provision of in-service training for staff. Still other jurisdictions provide support services including assessments and specific therapies to the generic centres.

PRIVATE HOME DAY CARE — LICENSED

My first choice was to take my daughter to a private home down the street where a woman was looking after her own children and another child close to my daughter's level. Those two would play with blocks hour after hour but I realized she was missing the exposure to what lots of other kids could do. Every week someone from the supervising agency came by to talk to the care-giver and leave new toys for the children.

In home day care, a care-giver or provider looks after a limited number of children, usually in addition to her own, in her home. These care-givers are often mothers looking for playmates for their own children. Their qualifications are their child-rearing skills. As a solution to child care needs, this arrangement can provide an informal setting that is close to home and has flexible hours. Parents can also look for a care-giver who matches their own cultural and ethnic values and language.

Licensing of home day care regulates the maximum number of children cared for by the provider. Ontario regulations specify five; Alberta and Quebec set the limit at six; B.C. and P.E.I. allow for seven; Saskatchewan and Manitoba specify eight. A formula determines a maximum number of children permitted by age to ensure a balance between the intensive care required by infants and care required by preschoolers. The presence of a child with a disability does not affect the maximum limit even though there may be additional demands on the provider.

In some provinces or territories home day care programs must be licensed. In others an external agency receives the licence and monitors the care being provided. The agency may request that the places where children

sleep and play be "child-proofed." It may support the care-giver to organize appropriate home-based activities to reflect the family environment (such as cooking or gardening).

Private Home Day Care — Unlicensed

We saw her advertisement for baby-minding posted in the local drug store. When I explained to her that my daughter had a disability, she replied that she had been in the business for 20 years and had never come across an emergency she couldn't cope with. I am concerned about her rule that parents are expected to pay even when their child is absent. It seems to me that is an incentive to bring sick children instead of keeping them home. I know she needs the income but is that in the best interest of our children?

About 80 per cent of children in child care settings can be found in private in-home, unregulated and unsupervised arrangements. With no regulations as to desirable adult-to-child ratios, these places can conceivably take in any number of children. The quality of this care arrangement has been described as "the great unknown in child care."[3] Most care-givers in these arrangements do not have specific training in fostering children's development.

Nursery School

I sent him there strictly for social skills and he went with no supports at all. At the picnic, kids picked him for their team even though it meant they had no hope of winning. Just to see him hobble across the finish line was everything.

Nursery school is another form of regulated program. Preschool or nursery school provides educational and socialization experiences for young children. Sessions typically operate a few mornings or afternoons a week. Sometimes parents applying for admission for a child with disabilities are requested to send an accompanying aide with their child. Funding for equipment and other resources can sometimes be secured through government channels.

SPECIALIZED PRESCHOOL PROGRAMS

At first I tried an integrated setting. I thought he would learn from other toddlers and he did, partially. But his behaviour in circle time was so unruly that I decided to switch him to a private home. A resource teacher would come into my house, lots of consultants too, full of advice about what to do, how to do it, but you don't have time because you're a family and this is not your only job. So I sent him to the segregated preschool where he would have trained people with him all the time. Who's to say he wouldn't have been further along than he is now if I had done that in the first place?

At this point in the evolution of services for children with disabilities, it would be wrong to ignore the fact that, as a result of years of funded segregated programs, most children with disabilities are still found in specialized settings. Created many years ago in response to the exclusion of children with disabilities from generic preschool programs, segregated settings are now being challenged by evidence of the gains children make learning alongside their non-disabled peers. Segregated services often continue because, although

there may be a willingness in many communities to develop more integrated opportunities, the obstacles to doing so are considerable.

Specialized programs deliver much-needed services that would ideally be available through generic child care. They are frequently well-served by professionals providing occupational therapy, physiotherapy or speech and language therapy. They are generally completely funded so parents do not pay fees — unlike other day care arrangements — and transportation is often provided at no additional cost. Furthermore, specialized programs represent protected spaces, fought for long and hard by families who were refused other opportunities. No other well-equipped, free and protected space with daily transportation is guaranteed.

Finally, even though children with disabilities are being accepted into regular day care more now than they were 10 years ago, those accepted tend to have minimal requirements for additional supports. There is still a long way to go to achieve inclusion for children presenting more significant challenges. In the meantime, they have access to specialized places.[4]

Out-of-School Care

I am a single parent and for me the period between 3:00 and 5:30 is the most difficult to organize. My daughter is 14. The local association can offer me dollars to hire someone at minimum wage but, while I am grateful, I find the recruiting and the training difficult.

With parents working long days, there is a need to provide care to school-aged children. Parents may need

out-of-school care from 7 to 9 a.m., 11:30 a.m. to 1 p.m. or 3 to 6 p.m. Care may also be needed full-time during non-statutory holidays, school professional development days and summer months. There have been so few options for care during these periods that the "latch-key" phenomenon[5] has resulted. Children are not only being left on their own while their parents are at work or school but are, in some cases, also expected to take responsibility for other siblings. Where there are options for this care, they are typically provided at licensed day care centres, elementary and junior high schools, church basements, shopping malls and housing complexes.

Children with disabilities are particularly in need of this care because they are dependent on adult supervision much later in life than their peers. For instance, whereas most 12-year-olds no longer need out-of-school care, children with disabilities often need care until a much later age.

WORKPLACE DAY CARE

It simplifies things in the morning, that's for sure, and I like the fact that I can spend my lunch hour with him. There's always so much activity because in addition to the staff there are lots of [Early Childhood Education] students from the local college. There's even a room where, if he's not having a good day, he can sleep. I can still keep an eye on him at my breaks without having to take the day off work.

Workplace day care is becoming increasingly popular in Canada. It affords the convenience of child care on the same site as a parent's employment. Workplaces in

Quebec and Ontario provide the majority of these arrangements in Canada. From 79 workplaces offering on-site care in Canada in 1984, the number grew to 190 by the end of 1991.[6] Of these, 30 centres are offered by private companies while the rest are provided within the public sector: at school boards, Crown corporations, hospitals and government offices. Frequently, the space is donated while fees are comparable to those of licensed day care centres.

With more families working weekends, evenings and late shifts or irregular schedules that do not conform to the typical Monday to Friday regime of day care centres, workplace day care will take on increasing importance. As it does, it needs to reflect the reality that many working families have children with disabilities.

Associate Family

I needed a break and contacted the local family respite program. They hooked us up with another family, which we used a couple of times. Finally my own family caught on and asked why we were taking him to someone we didn't even know. So now they take turns having him for weekends.

Out-of-home support can also be provided by another family with which the natural family may become associated (sometimes referred to as an "associate family"). The second family may take the child for a specific period of time, such as a weekend or during a vacation, on a regular or irregular basis. This can sometimes be organized through community service agencies that provide respite care.

OTHER SUPPORT ARRANGEMENTS: FORMAL

When children with disabilities are denied access to child care centres or private homes, their families often turn to community service programs. These vary in nature according to geographical location, program guidelines and funding. In order to be able to use them, families must first be able to identify their needs and, second, have information about what resources are available.

RESPITE CARE

I see it as an equation: Respite = Energy. I didn't use respite until my son was six and a half years old. We had agreed that he would just be part of the family and whatever we would do, we would all do. But I found the others going out and I got tired of staying home by myself; that had not been the plan. So now he spends two weeks in the respite home every July and we take a family vacation.

The demands associated with caring for a child with a disability can result in significant stress levels for the family. Care-givers and family members frequently claim that a break in the routine — time to attend to other children, to have a weekend away, or to do the shopping alone — is enormously important to their well-being.

To have this break, in-home or out-of-home support (respite care) is critical. In-home support can come from a neighbourhood teenager who babysits or accompanies the family on vacation to help with the child. It can be provided by a nursing attendant who helps with a child with complex medical needs, or by a homemaker who

assists with domestic responsibilities. Out-of-home care may come from a community service agency that provides respite care for short periods either on a regularly scheduled or emergency basis.

Perhaps no program needs flexibility more than one designed for this purpose. In order for the break to be truly restorative, the respite provider must be flexible to provide support that matches the unique characteristics of a family.

Other Support Arrangements: Informal

Peer support

As far as socialization for my daughter goes, I need to get a few kids her age together, kids she knows and likes, so she has more than one child to depend on. For example, she goes to drama twice a month and she goes with a friend. I pay for her friend to go. I make sure that she has a super-good time so she wants to come back and I do that often with a lot of little girls. Her friendships are all bought and contrived. We can legislate that these kids have to be taught together but we can't legislate friendship.

Apart from the support and learning involved in child care programs, children have a social life at recess and after school. Friendships are cemented in the games and activities carried out at these times. Some families use support services so their daughters and sons can enjoy recreational activities during this time; others who are able, devote their personal resources to organizing for this out-of-school period.

PLAYGROUPS

Children who are medically fragile are highly susceptible to infection. We, as parents, are isolated because it is too risky to take them anywhere. They miss out because they don't learn to play with other children or stick their hands into big bins of Cheerios or pudding paint. They can't play with other kids' toys because [the toys] would first need to be sterilized. We eventually organized a germ-free play group which has, as a basic rule: anyone who has a cold or who is sick stays home. That's how we tried to meet the needs of the few families going through this alone.

For families who have children with exceptional health care needs, the issue of child care is complex. Health care services need to be arranged, such as catheterization, gastrostomy feeding, injection and the monitoring of oxygen.[7] Risk of infection also needs to be avoided and this can preclude involvement in regular day care centres altogether. That problem can leave families and their children effectively isolated. To overcome this isolation, some families have organized play groups for children whose health care needs are similar. In some instances, families have approached government to provide ongoing funding for play groups. However, funding is seldom provided for this purpose.

EXTENDED FAMILY

I'll only ever leave her with my niece or my aunt. I've never had a babysitter for her. But in the Greek tradition the children are very involved so we take her out with us. If we go to Toronto for something and all the adults are staying, we will bring her back to Oshawa and then go back again for the dance. It doesn't mean anything for us to spend five hours on the road.

Some families are able to bypass services entirely because they have the support of their cultural communities and extended families. But frequently these supports involve significant adjustments to personal and extended family lifestyles.

Neighbours

What has saved me through all this is that twice a week my neighbour, who happens to be a registered nurse, comes in and looks after my daughter so I can catch up on my sleep. At first I tried to get this through community services. It did not seem a lot to ask but I ran into a problem; community services would send a respite worker to give me a break but because she isn't allowed to be responsible for medical procedures, I would still have to watch the feeding pump. Someone from home care would watch the feeding pump but would not provide respite so again I couldn't nap.

Because needs do not always align neatly with the services that departments of health and social services consider their responsibilities, many families typically experience frustration getting help. They are left waiting as ministry after ministry tries to decide whether the families' needs fall within its particular jurisdiction. Sometimes the only way of addressing needs in the interim is to turn to neighbours.

Parent support groups

We get together once a week to talk to each other. We bring our kids too because there's nowhere else we can safely take them. People just can't comprehend what you're going through. They'll say, "Oh, he's doing well, he's not on oxygen any more,"

and I'll have to say, "Yes, he's all right." What they don't know is that I have to carry oxygen in the car in case his fingers start turning blue. And in one emergency, the infant transport team had to get the pilot to fly 2,000 feet lower and they had to change the air pressure in the cabin.

Parents of young children with disabilities need to share worries and experiences. Parents frequently experience the breakdown of their former support network upon the birth of their child. Needing to build a new network, they look to other parents. As one informant for this research indicated, "[Losing the support] came to me as a total surprise and was an additional stressor at a time when I didn't need any more."

Having one's family close by can be helpful. However, families can also be a source of powerful disappointment when they cannot handle the situation themselves, let alone offer assistance to the new parents.

Parents meet naturally at day care or nursery school, during clinic appointments and sometimes during the long hours waiting in intensive care units. Out of these encounters, parent support networks can spring up formally or informally because, as one mother puts it, "I know what it's like to feel you are falling down a tunnel that's never ending." Groups come together to share and teach among themselves what they have learned, to offer help to families of newly diagnosed children and to support the development of one another's strengths and skills. Parents get valuable emotional support from such gatherings. They also get fuel for the battle with the systems — systems designed to support them but which actually often work against them.

In summary, a diversity of models for providing child care and other support to children with disabilities and their families are drawn upon in Canada. Various approaches to child care can be adapted to include children with disabilities alongside other children. Such inclusive models do exist and are worthy of emulation; however, they are very much the exception rather than the rule. Other forms of support, such as respite, parent groups, peer support and play groups, have emerged in response to the distinct needs of children with disabilities and their families.

chapter 2.

THE RULES OF THE GAME: THE LEGAL AND POLICY CONTEXT

At the present time, Canada does not have a national child care policy. Provincial and territorial governments are responsible constitutionally for child care and therefore play the lead role in program design and delivery. It is at the provincial and territorial level that the legislation exists with accompanying regulations and funding formulae. Because the provinces and territories have wide jurisdiction and powers in this area, services, standards and eligibility criteria vary tremendously from one part of the country to the next. The following discussion provides an overview of the broad legal, policy and program context in which individual child care arrangements are implemented in local communities.[8]

THE FEDERAL ROLE

The Canada Assistance Plan (CAP) was instituted in 1966 under the Liberal government of Lester Pearson; child care became part of that government's "war on poverty."[9] The preamble of CAP states that its objectives are to alleviate poverty and to prevent and remove the causes of poverty and dependence on public assistance. It establishes a framework by which provinces are required to enter into an agreement with the federal government to provide a range of social services and social assistance according to a specific formula.[10]

Social assistance is more commonly known as welfare and CAP is Canada's major piece of welfare legislation, enabling federal funds to flow for services that are actually under provincial/territorial jurisdiction. CAP funding is used in a number of ways by provinces and territories to defray the costs of child care.[11] This is not to suggest that CAP is explicitly a plan to fund child care. Rather CAP can be used to defray costs of child care services for families who would be "in need" or "likely to become in need" without child care. CAP funds child care by providing fee subsidies to eligible families; secondarily, it funds a portion of child care programs in non-profit centres for families which are eligible under income testing.

Under CAP, the federal government pays half of every eligible dollar; in other words, it pays 50 per

cent of the provincial costs of child care provided to families eligible for subsidies. However, it is up to the provinces to initiate spending through CAP. If they do not produce the "first 50 cents on the dollar," then the offer of a federal subsidy is not available to parents in that jurisdiction.

Until 1990 there was no upper limit for the federal government to match the 50 cents any province spent on child care, and the federal guidelines represented open-ended possibilities. Yet the provincial governments themselves limited access to CAP funds by setting provincial standards for eligibility below those established federally and by designating a restricted number of spaces for subsidies.

Under CAP, child care can be cost-shared between the federal and provincial/territorial governments under two provisions:

1. CAP assistance provisions, for which the family's eligibility for a child care subsidy must be determined by a needs test (to establish whether they are "in need");

2. CAP welfare services provisions, for which eligibility for funded child care services is determined by an income test (to establish whether families are "likely to become in need" without the services).[12]

All provinces except Ontario take the second approach, using income testing to establish eligibility for cost-shared child care services. Only regulated, non-profit programs are funded under these

arrangements. As well as using CAP's welfare services provisions, Ontario permits access to needs-tested funds for child care through CAP's assistance provisions. These arrangements allow child care subsidies for unregulated commercial centres. In addition to the income or needs test, however, there is a further requirement that the parent(s) be working or training. All jurisdictions provide subsidized child care services without a requirement that parents be working or training, where special family or child treatment problems have been identified, including the identification of *special needs*.

The federal government contributes to child care in ways other than through subsidies. The *Child Care Expense Deduction* in the *Income Tax Act* enables families to claim a deduction from their income taxes to recover some of the money they pay for child care. Previous to the federal budget of February 1992, the maximum child care expense claim was $4,000 for a child under six years of age with the lower-income earner (usually the mother) allowed to claim the deduction. The maximum claim was $2,000 for children aged seven to 14 and nothing for a child over 14. However, for a child with a disability for whom a disability credit certificate is submitted, the maximum claim is $4,000 regardless of age. If the child is over 14 and has "a mental or physical infirmity" a maximum claim of $2,000 can be made even without a disability credit.[13] In the February 1992 budget, memorable for its abandonment of the national child care program, the finance minister announced that the government

would increase by $1000 the maximum amount that could be claimed in each age category.

Previously, the Child Tax Credit was available to low and middle income families and its purpose was to provide financial assistance. Eligibility was based on the net income of both parents. Family Allowance, or the baby bonus, was an additional way the federal government provided funds — approximately $380 a year per child under 18. Prime Minister Mackenzie King introduced this in 1946 to encourage women to have more babies and from then on all families received the same amount for each child.

However, effective 1993, the child benefit package has been transformed and made simpler to administer. Entitled the Child Tax Benefit Plan, it was introduced to replace the universal program of family allowance, the child credit and the refundable child tax credit. In effect it replaces the government's commitment to a national child care plan and is targeted to fight child poverty.

The new system provides for a child tax benefit that includes an "earned income supplement." This enables a two-child family with a family income of $20,000 per year to gain $500 in 1993 over what they would have gained in 1992. The two-child family with an income of $30,000 will gain by $44 in 1993 over what they would have received previously. The benefit decreases as income increases. This earned income supplement provides financial assistance to low-income, working families. The new arrangements also includes an enriched child care expense deduction.

THE PROVINCIAL AND TERRITORIAL ROLE

BRITISH COLUMBIA

In British Columbia the Ministry of Health is responsible through the *Community Care Facility Act*[44] for licensing, inspecting and monitoring child care. The Ministry of Social Services and Housing delivers programs under the *Guaranteed Income for Need (GAIN) Act*, the mandate of which is to provide assistance to help people regain or achieve self-sufficiency. One program under this mandate is the Special Needs Day Care Program.

The Special Needs Day Care Program is delivered differently than child care programs for non-disabled children. In the existing regular system, families pay fees unless they are eligible for a subsidy; that eligibility is determined by an income test. But any family whose child is designated *special needs* is not required to take an income test nor to contribute to the payment of their child's care. For families with children who have disabilities, certain program spaces are designated and approved for *special needs* and the children are expected to follow that funding. A centre can secure specialized child care status if over 25 per cent of children attending have *special needs*.

Most centres depend on fees paid by parents. British Columbia is the only province that does not provide centres with an operating grant; this makes the fully funded specialized spaces attractive to centre operators. These spaces represent nearly $6,000 a year — paid in

advance. Informants interviewed during this research agreed widely that the regular day care and preschool systems are financially dependent on *special needs* dollars.

In 1988-89 the Special Needs Day Care Program of the B.C. Ministry of Social Services and Housing contracted with 93 programs to supply 1366 specialized spaces, including some in segregated settings, at a cost of $8.1 million. The program also provided coupons for use in other licensed settings for approximately 356 children, at a cost of $2.2 million. Out of a total of 30,948 licensed spaces, only 1,722 spaces were designated to children with disabilities (approximately 5 per cent of the total number of children served). The 1988-89 expenditure on *special needs* amounted to $10,279,226, or $5,969 per child with a disability. (See Table 1, pp. 34-35.)

Informants suggested that children go through a selection procedure that admits only those with minimal disabilities into regular centres. Local associations for community living that operate preschool programs continue to provide child care services for families whose children have multiple handicaps.

British Columbia also has a number of family support and respite options. The At Home Respite Program for Families with Severely Handicapped Children, announced in 1990 by the Ministry of Social Services and Housing, is notable. With $14.7 million designated, it is a program for children with severe disabilities living at home and dependent on a care-giver for all functions of daily living. It provides the full range of health care services — services that are costly to

TABLE 1: SUMMARY OF PROVINCIAL AND TERRITORIAL CHILDCARE PROGRAMS FOR *SPECIAL NEEDS* CHILDREN

NOVEMBER 1990

British Columbia	**In 1988/89 MSSH contracted with 93 programs to supply 1,366 specialized spaces at a cost of $8,110,037. They also provided coupons for use in other licensed facilities for approximately 356 *special needs* children at a cost of $2,169,189. There is no income test for families of *special needs* children and they are not required to contribute to the cost.** ***1988/89 Expenditure, $10,279,226 for 1,722 children, $5,969 per child***
Alberta	**In 1988/89 the special allowance paid to day care facilities to assist with the integration of 400 *special needs* children cost the Alberta Government $1.7 million or $4250 per child.** ***1988/89 Expenditure, $1,700,000 for 400 children, $4,250 per child***
Saskatchewan	**Grants of $200/month/child are made to facilities for the purpose of assisting with supervision costs incurred in the care of *special needs* children. A supplementary grant of $50/month/child is made to cover the purchase of specialized equipment and services. In exceptional cases this grant may be increased to $100/month/child.** ***Expenditure 04/01/90-09/30/90 for 121 children: $160,211 or $1,324 per child***
Manitoba	**In 1988/89, through a variety of grants to assist facilities to integrate into their care children with disabilities, the Manitoba government spent $1,103,700. These grants are:**

Start-Up	**Centres**		**$541/child Once**
Supplementary	**Centres**		**$9.20/day/child**
Operating	**Nursery**		**$4.60/day/child**
	School-Age		**$5.40/day/child In term**
	School-Age		**$9.20/day/child Holidays**
	Family		**$4.60/day/child**

Staffing	Centres	$1,622/billing period
Spec. Services	Centres	$1,500/year
	Nursery	$750/year
	School-Age	$1,500/year

**1988/89 Expenditure, $1,103,700 for 459 children, $2,405 per child*

Ontario	1988/89 expenditure on Special Needs Care in Ontario was $19,879,000. Time limited funding is available on a project by project basis to increase the availability of integrated settings. (Further analysis of the Special Needs expenditure not currently available). **1988/89 Expenditure, $19,879,000*
Quebec	**1988/89 Expenditure, $983,000, $4,199 per integrated child*
New Brunswick	Centres are encouraged to integrate *special needs* children. Number of *special needs* children not available. **1988/89 Expenditure, $207,805 through subsidy program*
Nova Scotia	Full-fee parents pay $15.25/day and the province will pay the remainder up to $21 day. Number of *special needs* spaces 125. No breakdown of *special needs* expenditures available.
P.E.I.	To encourage integration and allow for appropriate, individualized programs, funding is available to licensed centres to employ additional staff. **1988/89 Expenditure, $348,373*
Newfoundland	A family may apply for daycare subsidy for a *special needs* child. They must meet income and social need criteria. **1988/89 Expenditure, $147,840*
Yukon	No analysis available
N.W.T.	No analysis available

Source: British Columbia, Task Force on Child Care, *Showing We Care: A Child Care Strategy for the 90s*, January 1991.

families, including medical and dental services, equipment and supplies — as well as nursing and respite. As for respite, generally speaking, families (based on 1990 figures) receive a benefit of 40 days a year at a cost of $70 per day, for a total of $2800 per family.

In April 1992 the B.C. government announced a new $17 million day care strategy to create 5,000 new spaces in six months. It also committed to a long-term plan to improve the quality of child care in B.C.[15]

ALBERTA

Child care in Alberta falls under the Department of Family and Social Services *Social Care Facilities Act.*[16] This province's child care system is characterized by a thrust in the 1980s to quickly create many new spaces. A decade later this has resulted in a 20 per cent surplus of spaces. Universal funding through a generous operating allowance program in both the non-profit and commercial sectors encouraged the growth of the day care industry and resulted in low-cost services to families. However, throughout the 1980s the Edmonton Coalition for Better Day Care and other child care advocates documented their growing concern about declining standards in the for-profit sector providing approximately 75 per cent of the province's child care.[17] These concerns and the findings of an Ontario study, *A Study on Compliance with the* Day Nurseries Act *at Full-Day Child Care Centres in Metropolitan Toronto,* on the same issue in 1988[18] paved the way for new provincial policy.

In March 1990 a provincial policy paper was released entitled *Meeting the Need ... A Fairer, Better System for Albertans.* The new policy redirected funding: it reduced the Operating Allowance Program and, through an expanded Child Care Subsidy Program, provided more funds to child care operators on behalf of eligible lower income parents.

Provincial child care policy makes no mention of children with disabilities. Nor are they specifically mentioned in the former or revised legislation or regulations. However, provincial documents recognize day care as a family issue and an important support service.

To help families care for a child with a disability, the province offers the Integrated Day Care Program.[19] The program provides special funding (full-time funded spaces) for children with disabilities from birth to elementary school age so they can be cared for in child care centres with non-disabled children. It covers the centre's costs over and above the regular costs of day care resulting from the particular needs of the child, such as extra staff, professional development and equipment. In addition, it funds a specialized day care centre in Calgary, the Providence Child Development Centre for handicapped children, and recently began funding integrated day care for families choosing family day care homes.

Currently, the Integrated Day Care Program operates in six regions across the province. Given the geographic decentralization of responsibility for its implementation, the program tends to be administered in a variety of ways according to regional structures and procedures.

In urban areas funding is based on the cost of hiring one staff person for every four children with disabilities. Rural regions tend to pay for services on a more individualized basis. To a large extent spaces are restricted to non-profit centres providing full-day services. At present there is no clear statement of program purpose that is common to all regions.

In Edmonton the Integrated Day Care Program is carried out through The Early Childhood Options Program (ECO). Early Childhood Options is unique in that the program and the dollars follow the children. Operated by the Edmonton Northwest Child Care Society, the program offers individualized funding, which is used to purchase services by contract. Funding is provided to support children in a centre their parents choose, if that centre meets ECO's program standards. Program standards include staff with a high level of training and centres must have had a licence and been in operation for at least one year. Some for-profit centres have been willing to hire trained staff to work with children supported by ECO; others have refused, seeing no financial incentive to become involved with these children.

A recent Department of Family and Social Services evaluation of the program involved an hour-long interview with each parent of a child in an ECO-supported centre. Pleased with the results of that review, a ministry official commented: "We're very excited about this; we know the service we're buying is very good."

In the rural Central Region of Alberta an Integrated Child Care Program is delivered through the Children's

Services Centre in Red Deer. It has a maximum of 30 full-time spaces and there is always a waiting list. Parents are expected to pay regular day care fees and the centre receives up to $100 per year for each additional worker it employs to help cover extra costs associated with salaries, benefits, equipment and staff development. Specialized resources such as physiotherapy, occupational and speech therapy are not provided automatically but must be secured through local generic services. If the designated worker is sick, other child care workers are expected to take over and continue the child's program. Generally, however, the aide "belongs" to one or two particular children.

To some degree, the Integrated Child Care Program is also delivered through family day homes. However, it would appear that the family day home model is not as widely used in Alberta as in other provinces. One consultant commented, "We're still looking for a good model for integrated family day home care." In a recent study of the characteristics and work environments of approved family day home providers in Alberta, the issue of children with *special needs* was not addressed, although the investigation was otherwise extensive.[20]

Providing culturally sensitive programs for Native children is a growing issue for day care centres in rural areas. Resources of the Integrated Child Care Program are frequently tapped to facilitate the inclusion of Native children in child care arrangements. In fact, some rural centres participating in the integrated program experience capacity enrollment. Centres attribute this to the fact that more parents are going back to work and that a growing number of Native Canadians are moving off reserves.

Early Childhood Services is another government-funded service available to young children with disabilities. Offered through the Department of Education, it is responsible for early childhood programs in a number of settings including day care centres and kindergarten. It serves children with significant delays by providing one-on-one support staff. There is an emphasis on programming that has educational value and maximizes the potential of those who qualify. The criteria are stringent and those making referrals know the importance of having the child "correctly labelled." For these services there are considerable waiting lists.

Other government services designed to benefit children with disabilities include Alberta's Aids to Daily Living. The program was developed to provide equipment such as wheelchairs, hearing aids, prosthetic appliances and orthopaedic shoes.

In addition, the Handicapped Children's Services Program was designed to help meet the financial needs of families. Services can be funded fully or partially and include day programs, medications, transportation and respite services. Reimbursement is determined on an individualized basis.

Alberta is one of three Canadian provinces in which municipalities have a legislated role in child care; municipalities are responsible for school-age child care programs. The province directs some money to municipalities, which may be used to subsidize the costs of maintaining children in out-of-school care. One recent project addressing the need for integrated out-of-school care in Edmonton started off with eight pilot centres, eight support workers and 22 children with disabilities.

For some children attending segregated schools this was their only experience of integration. Once the centres were brought on board, staff hired, buses re-routed and a program organized, the project demonstrated that it presented a viable solution to the 3 p.m. out-of-school problem for working families. The project will provide guidelines for future programs.[21]

SASKATCHEWAN

The government of Saskatchewan passed the province's first *Child Care Act* in October 1990.[22] Previously, child care policies were administered under the *Family Services Act*. The Child Care Branch of the Department of Social Services oversees the new *Act's* administration.

The *Act* requires all child care centres and family home day care providers to be licensed. It allows for the licensing of commercial for-profit centres in Saskatchewan for the first time since 1975. The *Act* also stipulates that 15 per cent of the child care spaces in a centre can be designated for children with *special needs* or, if a licence permits, up to 25 per cent of the spaces. In a family child care home there may be a total of eight children, including children who live in the home; of these, one may be a child with a disability or, where a licence permits, two. Section 2 of the *Act* defines a child as "a person under the age of 15, if, in the opinion of the Minister [of Social Services], the person has special needs."

Child development grants are available for children identified as having *special needs*. These include supervision grants of $200 per month and equipment

grants of $50 per month. In exceptional cases, double that amount is allotted; however, there is controversy within the government branch over what is exceptional. The Child Care Branch reports that very few home providers apply for the child development grants either to hire someone or to purchase equipment.

It is widely recognized that another program, the Early Childhood Intervention Program (ECIP), has been particularly effective in Saskatchewan. According to a senior official of the Department of Social Services, it is "highly successful in meeting its goals, in primary prevention and in reducing services that would have had to come into play later." The official recognized "without question, a real and inherent value in the program." That success is prompting a consideration of the future of early intervention, the kind of service it should provide and where in the system it ought to be situated.

If a preschool-age child fits the criteria of "high cost funding" (determined on the basis of I.Q. and eligibility to attend a child development centre), he or she can participate in an educational program under the auspices of the Ministry of Education, which arranges delivery through a variety of models. The Saskatoon Association for Community Living participates with the Ministry of Education in operating an integrated preschool program that provides these services.

MANITOBA

Child care in Manitoba falls under the Community Child Day Care Standards Act[23] and is administered

through the Child Day Care Branch of the Department of Family Services. According to its definition, a child includes "a handicapped person not over 18 years of age."

Since 1982 the Manitoba Child Day Care Branch has been operating the Children with Disabilities Program. This is a province-wide program to provide integrated nursery and day care experiences for infants, preschool and school age children with disabilities. An extensive Program Guide outlines its goals, procedures and grants. The goals include access to day care, full participation for children who have disabling conditions, individual development and growth, and respite to families. To achieve consistency and good quality integration, the guide outlines the particular roles of professionals involved through referrals, and of resource agencies and child care staff.

The Program Guide encourages centres to include children with disabilities but only up to a mix of 10 to 15 per cent in order to replicate the mix one would find in the community generally. Approximately 70 per cent of the children served under the Children with Disabilities Program are considered to have a mental handicap. There is discussion in Manitoba and elsewhere about broadening the definition of *special needs* so support can be provided for children with emotional and social problems. These children fall outside the current eligibility criteria.

The Children with Disabilities Program provides a number of supports and grants to assist provincially funded day care centres, nursery schools and day care homes to work with children with disabilities. To be

eligible for grants, centres must have boards of directors of which at least 20 per cent of members are parents of children in attendance. All licensed centres are required to have either boards of directors or parent advisory committees. Parents pay the same basic cost for child care as all other families, but they may apply for a subsidy. The additional resources, staffing or equipment required to support a child's inclusion are determined on the basis of the original application, a diagnostic assessment by a referring agency and the completion of a functional needs inventory. This inventory was developed for the Children with Disabilities Program to identify areas of skills and assistance a child may need in a day care setting. This is reviewed on a regular basis.

Staffing grants enable a centre to hire additional staff to facilitate the child's inclusion — up to $1,622 per billing period (13 billing periods per year). Start-up grants provide one-time funding — up to $541 per child — for renovations and the purchase of specialized equipment. Specialized training grants pay for educational opportunities for staff to learn to work with children with disabilities at $1,500 per year for centres, $750 per year for nursery programs, and $1,500 for school-age programs (Grades 1-6).

Supplementary daily grants are available to programs and family day care homes that do not have access to staffing grants. These are all set out in the regulations and fully described in the Program Guide. In 1988-89 Manitoba spent $1,103,700 for a total of 459 children with disabilities, amounting to $2,405 per child. (See Table 1, pp. 34-35.)

According to a former child development specialist with the Children with Disabilities Program, "At this time, no other province [or territory] in Canada has developed the regulatory and licensing standards available to Manitoba day care facilities and the extensive community-based day care support for children with disabilities."[24]

Other provincial programs include Children's Special Services, which is designed to assist families in Manitoba to continue providing care at home. Family Support Services are available, providing up to $3,000 per year per family. Additional Care and Support Services reviews and may cover expenditures in excess of $3,000 up to $24,000 per year (50 per cent of the annual cost for residential care at the St. Amant Centre). Five types of service are covered by the Additional Care and Support program: respite care (either in-home or out-of-home); infant and child development; transportation to and from child care and appointments; supplies and a reimbursement of costs incurred due to a child's disability; and home-aide, which, unlike respite, provides assistance to a family in-home when the primary care-giver is present.

Focus on Families is another provincial project that serves natural and foster families living in rural and urban settings who support individuals with a mental handicap. It links families through information and training workshops and through a network of regional resource parents. It publishes a newsletter to keep families "informed, involved and confident." Links are made to encourage the development of other parent support groups both within Manitoba and among other western Canadian provinces.

ONTARIO

The *Day Nurseries Act*[25] is the legislation under which the Ministry of Community and Social Services administers Ontario's child care programs. Funding for child care programs offering services to children with disabilities calls for the province to cover 87 per cent of the cost of approved programs for children under five years of age.[26] Families of children with handicapping conditions are not required to take a needs test. According to a policy advisor, "They have been defined in this scenario to have been determined to be in need." (Ontario is the only province to use a needs test, although a switch to income testing to determine eligibility is under review.) The remaining 13 per cent of funds is either paid for by the parents or, in the case of specialized programs such as those operated by local associations for community living, the revenue is frequently found elsewhere so no user fee is charged. The issue of fees continues to be problematic in many other provinces because of the financial incentive it creates to use specialized rather than integrated centres.

Centre-based group care programs may be provided in a segregated or integrated setting. Two types of integrated settings exist:

- *Designated integrated programs* include children with handicaps between the ages of two and 10 years on a partial day basis, generally for a half day. These programs are licensed to provide specialized programming and staffing for the enrolled child. A resource teacher is employed for every four handicapped children and individualized

programs are provided. A resource teacher is a person with post-secondary training in early childhood education (ECE) relating to the needs of children with disabilities. This teacher is approved by the director to plan and direct individual and small group training for handicapped children.

- *Non-designated integrated programs* provide group care for children from birth to 10 years and offer part-day, half-day or full-day service. Although they also serve children with handicapping conditions, they do not employ a resource teacher and do not receive special funding.

Both types of programs may receive funding for children whose parents are eligible for provincial subsidy. The Ontario municipalities may directly operate child care services under the *Day Nurseries Act;* they also pay 20 per cent of the cost of child care subsidies.

Segregated programs are also funded but various reports from the late 1970s[27] and early 1980s[28] trace a growing commitment over the years to provide instead more integrated opportunities for children. During the same period there was growing evidence of this transitional process within the community itself. A number of segregated children's developmental centres were reorganized to facilitate integration. Municipal centres and family day care homes were encouraged to open their doors to children with disabilities. Specialized centres operated by local associations for community living began to offer resource teachers for the integrated centres. In one region, two developmental centres were transformed into a region-wide child and family resource centre.

Much of what is funded now does not come under the Day Nurseries Act at all, but under the Ministry Act. This is an umbrella piece of legislation under which the minister can approve anything not covered elsewhere. This may be why it is so difficult to get information about how many full- or part-time *special needs* places there are in the province. The 1988-89 expenditure on *Special Needs* Care in Ontario was $19,879,000, but further data and analysis on costs are not currently available. (See Table 1, pp. 34-35.)

Family day care homes are often considered good places for children with disabilities by families and by child care workers who have children presenting difficulties in group settings. Many providers of home day care have had no previous experience with children with disabilities. However, parents often find them willing to welcome a child with disabilities, provided there be consultation, ideas and resources.

Some private home day care agencies are currently providing integrated care for children with mental handicaps aged six weeks to 12 years. However, according to their provincial organization, it is up to each of the approximately 107 agencies to choose whether or not they wish to serve this population. Individual homes providing day care do not have to be licensed but the agencies providing supervision and resource support do have to be licensed.

In licensed home care settings, care can be provided for no more than five children under 12 years. In the case of disability, this age limit can be extended to 18 years. Approximately 20 per cent of the children of Ontario are in licensed government regulated homes or centres, leaving 80 per cent in unlicensed home day care settings.[20]

In February 1992 the Minister of Community and Social Services announced Ontario's Child Care Reform Consultation and circulated a consultation paper, *Setting the Stage*. As part of this reform process the Child Care Branch is reviewing existing supports and services for children with disabilities.

Another initiative, the Special Services At Home Program, was established by the Ministry of Community and Social Services in 1982 to help families caring for a child with a mental handicap at home. It is a program of financial assistance for families to purchase supports not otherwise available in the community. The program is based on a model of individualized consumer-directed funding. There are two broad categories under which services can be considered for funding: (1) Personal Development and Growth focuses on the needs of an individual to acquire new skills; and (2) Family Relief and Support provides respite and related home support services, in recognition of the additional responsibilities families face. Special Agreements Workers assist with coordinating the purchase of services. Yearly funding above $10,000 is considered extraordinary and requires further levels of approval. There is an appeal process through which a decision can be disputed.

Further, the Handicapped Children's Benefits are monthly allowances to assist families with the ongoing extraordinary costs arising from a child's disability. The Assistive Devices Program is offered by the Ministry of Health and provides financial assistance for the cost of equipment and supplies associated with long-term disabilities. In addition, Home Care provides nursing services at home.

QUEBEC

The provincial legislation governing child care is entitled *An Act Respecting Child Day Care*.[30] It is administered through *l'Office des services de garde à l'enfance* (OSGE). Created in 1980, the OSGE is a semi-autonomous body unique in Canadian child care. It is appointed by the provincial government and its responsibilities and composition are defined by the legislation. The powers are regulatory, administrative and legal and the membership comprises 51 per cent parents who use child care services. One person of this group must be the parent of a child with a disability. The OSGE reports to the *Ministre déléguée à la Condition féminine* [the Minister Responsible for the Status of Women].

In 1983 the OSGE took a serious interest in children with disabilities and adopted an integration policy based on its policy paper *On Equal Terms: The social integration of handicapped persons*. Since that period, the number of children integrated into day care centres or private home day care services in Quebec has more than tripled.[31]

In 1988 the Quebec government released its new policy statement, *A Better Balance: Policy Statement on Day Care Services*. The adoption of this policy, which focuses on providing assistance and support to families, is part of an overall strategy to address growing concerns about the declining birth rate in Quebec. The primary objectives of *A Better Balance* include accessibility of service, freedom of choice and parental participation.

Several types of child care facilities are regulated in Quebec. Child day care centres can take up to 60

children for up to 24 consecutive hours. Family day care can be provided in a private home in which a provider, supervised by an agency, may exceed 24 hours care for six children including her own. A stop-over centre provides care for at least seven children on a casual, drop-in basis for up to 24 consecutive hours. School-age child care is provided by a school board or corporation of school trustees to children attending classes in kindergarten or primary grades. It is provided under the authority of local school boards through the Ministry of Education. No permit is required.

Legislation allows municipalities to operate a child care facility and receive subsidies. Only two municipalities actually operate child care, although many provide space, land or services to parent-operated child care centres. In order to qualify for provincial grants, centres must be incorporated, non-profit organizations with boards made up of 51 per cent parent members. Commercial programs and non-profit, non-parent-controlled centres must have parent consultative committees; the same is true for school boards and municipal centres.

Grants are available to promote the integration of children with disabilities. In non-profit centres the allocation of funds includes $300 for opening a file on a child with a disability (sometimes referred to as a case study), an operating grant of $14 per day for each child with a disability and $1500 for special equipment. Municipal centres may receive the $14 per day per child operating grant only. In home day care, the supervising agency receives $300 for opening a file and the provider is entitled to $14 per day per child with a disability.

Quebec has taken a substantial lead in providing school day care services outside the school day; the OSGE assists by funding programs that provide this service $300 per year per child with a disability. In 1988-89 the Quebec government spent a total of $983,000 or $4,199 for each integrated child in the child care system.[32]

In 1981-82, before the integration initiative of the OSGE, 64 centres accepted 162 children with disabilities; by 1990-91, 490 children were attending 240 day care centres. The OSGE spent $1.2 million to promote integration in that year.[33]

Nova Scotia

The Day Care Act[34] is the legislation governing child care services in Nova Scotia. It is administered through Day Care Services of the Department of Community Services.

Two types of services are provided: group care for four or more children, either full- or part-time; and family day care, which is not covered by legislation but involves two agencies authorized by the provincial government to supervise family day care homes.

Differential funding is available to support the integration of children with disabilities through the provision of extra supports. A departmental program manual entitled *Integration of Special Needs Children in Day Care* describes the service as one of family support, "enabling parents of *special needs* children to prepare for and/or maintain employment and financial independence." Where there are four children with disabilities on one site, a resource specialist may be hired. Where there are less than four, a travelling

resource teacher may provide support to a number of different day care programs or family day homes.

A Special Needs Committee — Day Care Services of the Department of Community Services — receives all applications and sets criteria for determining eligibility for *special needs* spaces. The total number of *special needs* spaces is 125 and these all exist within non-profit settings. In addition, the committee sets priorities for service and considers such factors as the ability of the centre to provide an adequate program, the family's needs, what is available through other agencies and the child's age and level of disability. In the words of one program administrator, identification of *special needs* children is "not heavy duty" compared to the more intense screening process required in other provinces. In Nova Scotia, it means classification by a health professional as delayed or disordered in one or more areas of development. The *Act* itself addresses "exceptional children" but, according to this administrator, many centres have narrower guidelines to restrict entry. A decision that a child is ineligible for differential funding is communicated by letter to the referral source.

The Special Needs Committee consists of the Director of Day Care Services, the Financial Officer of the Day Care Subsidy Program and the Early Intervention Coordinator. A written Individual Program Plan (IPP) for each *special needs* child must be submitted by the director of the day care centre to the Special Needs Committee every six months. This serves as the re-application for differential funding. Full-fee parents pay $15.25 a day. Parents eligible for subsidies, based on an income test and a subsidized space, pay anywhere

from $1.25 to $14. The province will pay the remainder, up to $22.50 a day to cover the cost of the staff, equipment and aids to support a *special needs* child.

In 1990 the Department of Community Services funded six home-based early intervention programs for infant and preschool-aged children, bringing the provincial total to eight programs. The province picks up 75 per cent of the program's approved budget, leaving the remaining 25 per cent to be raised by the program itself.

Under the In-Home Support Program operated by the Department of Community Services, parents may receive $375 a month for such items as diapers, wheelchairs and braces (on submission of receipts). Of that amount, $52.20 may be spent on respite. The Enhanced Program provides a respite allowance of an additional $25 a month to families of children with challenging behaviours. The Special Features Program attempts to meet families' needs outside regular program guidelines. Approval for Special Features funding is subject to the discretion of the Deputy Minister.

Respite is a critical issue facing families in Nova Scotia, as it is elsewhere. The Children's Training Centres have traditionally represented the primary respite option and a safety-net for some families. The recent closure of two of the four centres was accompanied by the announcement that dollars would be redirected to community-based supports for families. The Nova Scotia Association for Community Living reports a significant change in the past year; more families have been supported under the Special Features Program on an individualized funding basis. Families are being

urged to be creative, explore respite options and develop different models of respite that meet their individual family needs. However, many families do not know what is available or what they can ask for. The decision regarding the closure of the last two training centres is on hold, leaving the ministry to operate a dual system of services.

In March 1990 the provincial government announced the creation of a Round Table on Day Care to look at a range of issues: salaries; training and certification; public education; and subsidies. It was expected that reference would be made to serving children with *special needs*, but one participant confessed, "with so many pressing matters, that issue is always overshadowed." What is important in Nova Scotia is the presence of an exemplary model program demonstrating integration in action. Reference is made in Chapter 1 to this program, the Town Day Care Centre in Glace Bay, Cape Breton Island.

New Brunswick

The legislation governing child care in New Brunswick is the Child and Family Services and Family Relations Act.[35] It is administered through the Department of Health and Community Services, which is responsible for the approval, inspection and monitoring of child care facilities. In December 1989 the Office of Childhood Services was established to develop a policy framework for children's services including child care.

Regulated child care extends to day care centres (providing care for up to 60 children) and community

day care homes (for no more than six children, including the provider's own children). The regulations identify a child with *special needs* as someone who "suffers from a developmental handicap" or who is recognized as needing a specialized program. In such circumstances the Minister may require additional staff members where he considers it appropriate. *Special needs* grants of $400 per year per *special needs* child are available if the child has been professionally identified as having disabilities or as being socially disadvantaged. Approved private and not-for-profit centres receive *special needs* grants, generic operating grants, or professional development grants amounting to $75 per year for each primary day care staff member. Community day care homes are not included in the grant system.

New Brunswick does not have figures available for the number of *special needs* children served, but in 1988-89 its total expenditure for this group was $207,805. (See Table 1, pp. 34-35.) Funding is made available to families through the subsidy program with approval depending upon family income.

Acceptance of children with disabilities is at the discretion of individual operators. However, while operators may be encouraged to accept children in principle, the lack of financial resources and specialized supports provides little incentive to operators wanting to provide quality service. There is widespread feeling in the community that the government is not doing what it should for integrated day care.

The 97 commercial centres and 109 non-profit centres in the province receive government grants, but

only the non-profits are required to have a board of directors with a minimum of 25 per cent parents. All centres, however, must hold at least one parent information meeting a year.

The province funds 15 home-based early intervention programs. Because they have been run privately, they have not been regulated. Consequently, the quality varies from program to program. The provincial government recently announced *New Brunswick 2000,* an initiative that is expected to lead to a major expansion in early intervention services.

The Department of Health and Community Services operates a program entitled Community Based Services for Special Needs Children. It began in 1984 when the phase-out of the Dr. William F. Roberts Hospital School in Saint John was commenced. The program was originally designed to transfer resources on behalf of the 135 children brought back from the institution. According to a consultant with the program, within one and a half years it "just exploded" with 900 children enrolled in the program across the province. Through the program families had access to a comprehensive range of specific services: an interdisciplinary assessment (completed by "I-teams" located in each of 12 regions) and an individual service plan; service coordination; in-home or out-of-home respite care; family support services including a worker; residential resources; and financial support. The variety of options available for families registered in the program might include baby/child sitting services in the child's own home, attendance in a centre-based day care or kindergarten program with an attendant if

needed, and participation in a week-long summer camp with a support worker.

In October 1990 the provincial government announced that a public kindergarten system would begin by September 1991. The kindergarten was not designed to be mandatory because schooling does not start until age seven, but it was nonetheless considered "a major step toward upgrading the province's educational system."[36]

Prince Edward Island

In P.E.I. the legislation regulating child care is entitled *An Act to Provide for the Regulation and Licensing of Child Care Facilities.*[37] Early Childhood Services are located in the Special Services Division of the Department of Health and Social Services. Currently, various programs are offered: Early Childhood Centres, which include day care centres, kindergarten and nursery schools; Day Care Homes; School Age Child Care Centres operating outside school hours; and Occasional Centres operating on an irregular basis.

In the early 1980s a comprehensive study of child care services in P.E.I. challenged the government to recognize the changing economic climate and to address families' growing needs for alternate arrangements. The study stimulated a number of developments in the years to follow. In 1986 regulations were changed to reflect some of the recommendations of the study and in 1987 the Act itself was revised. In the same year the Throne Speech contained the announcement that direct funding would be made available to licensed centres. As part of this momentum, a Special Needs Grant was introduced

to licensed P.E.I. child care facilities in October 1988. Child care funding doubled in two years.[38] In a document outlining the provincial government's philosophy, *Guiding Principles for the Development of Child Care Services,* there is a stated commitment to quality day care as "a high priority for this Government."[39]

The government's guiding principle regarding children with disabilities, as expressed in the document, is:

- Government recognizes the benefits of early intervention and integration for children with special needs. Government applauds the efforts of early childhood centres at providing such programs, and encourages more centres to provide the same. Government also encourages parents to consider such programs for their children. Government will continue to support both centres and parents in the provision of these services.[40]

This is not a regulation, and is therefore not binding, however it does suggest the direction of government support. Early Childhood Services operates the Special Needs Program.

Previously, funding for specialized programs was available only through the subsidy program and eligibility depended on family income. The purpose of the new Special Needs Grant as laid out in the funding guidelines is "to encourage integration of *special needs* children in a normal early childhood setting," to allow for individualized programming, to eliminate income testing of parents for additional services and to simplify administrative procedures. Other objectives include

ensuring accountability and enhancing communication among those involved with the child.[41]

The grant makes funding available for additional staff to be employed at a licensed early childhood facility. The intention is to lower the staff-to-child ratio and allow all staff to provide extra or individualized programming for *special needs* children. The grant will cover wages up to $10.82 an hour.

In 1988-89 P.E.I. spent a total of $348,373 on the integration of children with *special needs*. Approximately 40 to 50 children per year are funded in approximately 25 different centres. Some centres offer integrated programs from year to year whereas others, especially in the rural areas, offer integration only as it is requested from the community. In some years, there are no children requiring this. Depending on the needs of the child, the Department of Education may assist parents with the cost of an extra year of an early childhood program for six-year-olds, as kindergarten is not provided by the public education system.

NEWFOUNDLAND AND LABRADOR

Child care in Newfoundland and Labrador is governed by *An Act Respecting Day Care and Homemaker Services*.[42] The Department of Social Services through Day Care Services is responsible for administration of the *Act*.

Regulated child care includes centres providing care for five or more children between the ages of two and 12. There is no regulation of family day care homes caring for fewer than five children; if there are five or

more they must be licensed as a day care centre. There is no licensed provision for children under the age of two. School-age care is currently under consideration.

Of the total number of day care centres, 80 per cent are commercially operated. Commercial and non-profit centres are funded through parent fees and the government contributes a $1,000 start-up grant upon licensing and 20 cents per child per day towards equipment and supplies in full-time spaces. A centre may designate half its total number of spaces as subsidized spaces. A family may apply for a day care subsidy for a child with a disability but the family must first meet income and social need criteria. Through its subsidy program, Newfoundland spent $147,840 in 1988-89 for *special needs* child care.

The majority of child care centres are in the St. John's area. Centre-based child care took a long time to catch on because of extensive family networks. Recent interest in day care has arisen as a consequence of widespread unemployment affecting the island. A senior consultant on the Day Care and Homemaker Services Regulations explained that with the service jobs being filled by women, child care has been left to men; social services became involved because of concerns about the type of care being provided. Between 1986 and 1989 the number of day care centres doubled from 58 to 120 and preschool children could be enrolled either on a half- or full-time basis. This growth spurt has since diminished. A family home day care system has not evolved, likely because of the problems associated with licensing and monitoring such a large area and dispersed population.

The current legislation contains an anti-

discrimination clause whereby "no child shall be refused admission to a day care centre because of race, colour, creed, sex or socio-economic background."[43] Notably, children with disabilities are excluded from this protection. A review of legislation is currently under way but according to one informant for this research, "I represent (the issue of) integration and never does *special needs* come up."

The Direct Home Service Program, a home-based early intervention program for families of children with developmental disabilities at the infant and preschool stage, is provided as a support to families. Starting in the late 1970s as a pilot project with four field workers serving 30 children, it has expanded to a permanently funded program under the Department of Social Services. It now has 20 full-time Child Management Specialists serving close to 300 young children and their families on a regular basis.

The Direct Home Service Program has had a significant impact on the deinstitutionalization process in the province. Although the supports are primarily provided to families in their own home, occasionally an attempt is made to support a day care operator. However, according to one senior official, this occurs more on a trial and error basis than as any coherent initiative. Some families use their Special Child Welfare Allowance towards a day care placement; it can also be used to purchase developmental toys, special equipment and consultation.

Funding, reportedly, has dwindled over the years. One suggestion as a result has been to encourage public health nurses to get involved in early intervention and teach skills to other members of the community so they

can be supportive of families. With this kind of intervention the need for delicacy arises in view of the powerful sense of privacy and long family histories that characterize Newfoundland communities. Even with the province's economic problems it is worth noting that, according to a 1988 Program Description of the Direct Home Services Program, no children under 12 have been admitted to provincial residential care institutions over the past 10 years.[44]

Northwest Territories

On January 1, 1988, the Government of the Northwest Territories proclaimed its first piece of legislation pertaining to child care, *An Act Respecting Child Day Care Facilities*.[45] It was followed a few months later by the accompanying standards and regulations.

The Act provides for the licensing of child care centres, family day homes and school-age care. Non-profit centre-based programs are eligible for capital and start-up grants as well as operating grants. They are also required to have boards of directors made up of at least 51 per cent parents. Family day homes and commercial programs must also demonstrate parental involvement.

Although neither the legislation nor the regulations mandate the inclusion of children with disabilities or provide for additional resources, the possibility of such children attending day care centres is addressed. In these situations, the operator is required to ensure that, as far as possible, the child is integrated into the daily program. In the guidelines accompanying the regulation, reference is made to providing the same play opportunities as would be provided for other children,

TABLE 2
TURNING POINTS AND BREAK-EVEN POINTS FOR DAY CARE SUBSIDY, BY PROVINCE AND TERRITORY, 1987, FOR VARIOUS FAMILY TYPES

	NET INCOME[2]				
	1+1 $	1+2 $	2+1 $	2+2 $	2+3 $
Newfoundland	8,964 (15,084)	9,324 (15,444)	9,684 (15,804)	10,044 (16,164)	10,404 (16,524)
Prince Edward Island	8,880 (14,640)	11,520 (23,040)	11,520 (17,280)	12,960 (24,480)	14,880 (32,160)
Nova Scotia	9,800 (18,730)	10,520 (19,450)	11,240 (20,170)	11,960 (20,890)	12,680 (21,610)
New Brunswick	10,152 (16,032)	10,812 (22,332)	11,040 (16,800)	11,652 (23,292)	12,264 (29,664)
Quebec	12,500 (22,500)	13,500 (34,000)	14,500 (24,500)	15,500 (36,000)	16,500 (47,500)
Ontario[1]	18,000-27,732 (23,513-33,245)	21,120-30,468 (32,146-41,494)	21,792-31,488 (27,305-37,000)	23,340-34,164 (34,366-45,190)	24,900-41,439 (41,439-53,319)
Manitoba	11,925 (19,498)	14,135 (29,280)	14,135 (21,707)	16,345 (31,490)	18,555 (41,273)
Saskatchewan[2] (Gross Income)	19,680 (29,520)	20,880 (40,560)	19,680 (29,520)	20,880 (40,560)	22,080 (51,600)
Alberta	13,560 (17,520)	15,000 (21,840)	15,960 (19,800)	17,160 (23,880)	18,240 (27,960)
British Columbia[3]	10,692 (16,212)	12,288 (23,328)	12,288 (17,808)	13,512 (24,552)	14,676 (31,236)
Northwest Territories[4]	—	—	—	—	—
Yukon[5]	12,120 (19,320)	13,200 (27,600)	14,160 (21,360)	15,480 (29,880)	16,560 (38,160)

The figures in brackets represent break-even points for preschool day care at average fee levels.

Full subsidy ceases at the turning point income level; all subsidy ends at the break-even point income level.

A "1+1" family is one parent, one child in day care and so on.

1. Ontario uses a needs test which varies from municipality to municipality. The range of typical turning and break-even points is shown in this table.
2. All figures refer to net income (after taxes, CPP and UI premiums) except for Saskatchewan where figures refer to gross income.
3. Break-even points for British Columbia presume the use of centre-based care for children three to five years of age.
4. The Northwest Territories uses a needs test. No information is available on effective turning-points and break-even points.
5. Yukon figures refer to Area #1 of the Territory which includes most child care facilities.
6. Break-even points for the Yukon presume the child is two years or older.

Data collected by staff of the Special Committee on Child Care from the provinces and territories.

Source: G. Cleveland, *Provincial Day Care Subsidy Systems in Canada: A background document*, report prepared for the House of Commons Special Committee on Child Care in Canada, Ottawa, 1987.

working closely with families and using community services and volunteers to assist. A child care operator, in conjunction with the Department of Social Services, determines the maximum number of children with disabilities that can be integrated in a particular centre.[46]

Regulations require that, as much as possible, the daily program should reflect the cultural and ethnic backgrounds of the children. This is to help Northern communities caught in transition between the traditional lifestyle and the modern world. It is argued that oft-repeated government commitments to strengthen the social fabric in the North would be enhanced by a comprehensive social policy regarding the care of its children.

YUKON TERRITORY

The 1990 *Child Care Act* is the legislation governing child care in the Yukon.[47] It is administered through the Department of Health and Human Resources.

In the spring of 1988 the government released a policy paper, entitled *Working Together: A Childcare Strategy for the Yukon,* and announced plans for a full-scale consultation process. The policy paper detailed eight principles for the development of child care, among which was the need for comprehensive service. Included among the services that government recognized should be available to Yukon families was child care for children with *special needs.*

In 1989 the Yukon's Child Care Strategy was tabled in the legislature, establishing a four year plan. In the first year of the new policy, 139 new spaces were created in the non-profit sector, funding was provided to purchase equipment for children with *special needs,* and financial support (subsidy) for *special needs* spaces was raised from $400 a month to $450 a month. An operating grant is provided for each child at $25 a month. In the case of *special needs,* the operating grant is $60 a month. In addition, funding to the Child Development Centre in Whitehorse was increased. The funding was designated to expand the Centre's specialist outreach services and to support the inclusion of children with disabilities in regular child care centres and family day homes. The funding was also designated to transform the specialized Centre into a model integrated program offering training to child care workers and parents.

The *Child Care Act* was proclaimed in January 1990 and a new Child Care Services Unit was established

within the Department of Health and Human Resources. In 1989-90 the Yukon government funded 17 spaces for children with *special needs* out of a total of 735 licensed spaces.

Children with *special needs* fall under the general definition of "child" under the *Act*. Although that provision does not set them apart, neither does it recognize the need for a flexible staff-to-child ratio in view of the greater care and contact required. Under the regulations for child care centres and day care homes, it is stated that when children with disabilities are in attendance "they shall be integrated into the regular program as much as possible." But there is no additional allowance to provide for extra staff time.

The Child Development Centre began in 1978-79 in a trailer with a handful of children with disabilities. Over the years staff have moved towards a more consultative model with generic programs. They promote but do not mandate the use of an individual educational plan for the children they serve. They work to involve all staff in including children with disabilities in regular programs. They also provide training to the extent that their own limited resources can be stretched. Always very involved with parents, they also provide an early intervention preventative service for mothers whose babies are at risk of delay because of low birth weight. This is more common among teenage mothers, of whom there are a comparatively high number in the Yukon. Closely involved with public health for referrals, the Child Development Centre runs mother and tot groups to provide extra support for young mothers.

The Departments of Social Services and Education have collaborated to offer opportunities for teenage parents to continue their studies. One such arrangement

involves providing day care in a trailer alongside the school; children are looked after and mothers can see them at lunch and breaks. An Infant Development Team will also go to day care centres, where children can stay until they are eligible for kindergarten.

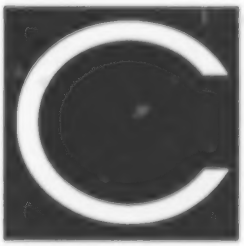
Three Native Canadian bands have taken over the provision of their own child care as a key step towards self-rule. They constructed and now operate their own centres with funds provided by the Yukon government. The Council for Yukon Indians has developed a culturally appropriate curriculum, in a series called Showing the Way. The organization of child welfare services has been handed over to one band. They have used respite to help keep their children in families if possible, and if not, at least in their home community.

The Home Care Program is intended to provide support primarily to elderly people; it offers up to 15 hours a week of respite for the primary care-giver. If Home Care cannot meet the child's needs the family receives no respite. When families do receive service it is not always suitable; for example, a respite provider may care for an ill child, but not for the child's sibling as well. Sometimes families look to the local hospital to provide a needed break. Respite service is deemed critical because most people living in the Yukon do not have extended families nearby to call upon for help.

In summary, Canada's child care landscape varies depending on where one happens to be situated. In some regions, policy and programming is developed. In other areas, policy is only now emerging and the delivery system is primitive. Despite these differences there is an underlying commonality: the focus on children with disabilities is unclear.

chapter 3.

NOT A LEVEL PLAYING FIELD: ISSUES CONCERNING THE POLICY AND PROGRAM ENVIRONMENT



hild care in Canada has been evolving since the 1850s when the earliest day nurseries or creches were first established.[48] Yet child care in this country has developed with "no single face, only facets."[49] Its unmistakably haphazard development shows a lack of overall organization in layout and design. Nor has any blueprint or strategy emerged to safeguard the pieces that exist or ensure their continued viability. As to the system's coverage, more areas of need lie outside its parameters than inside. In short, the country's current child care policy is frequently compared

with the system of public education in the 1850s and 1860s: lacking a clear mandate in policy, underfunded and fragmented. This chapter examines these issues as they affect the integration of children with disabilities.

Inadequate Policy and Funding Support

"What could you say your province is doing about getting children with disabilities into regular day care?"

"The short answer is ... little."

Upon making the decision to offer space to a child with a disability, both day care centres and family day care homes face a number of financial and human implications. A well-stated commitment to integration supported by a clear funding commitment are prerequisites to making integration happen.[51] Centres face administrative costs incurred in the extra time staff spends developing and coordinating individual program plans. Other resource people must be notified and encouraged to participate. Centre staff must be well supported and a close involvement with parents must be created and maintained. In addition, there are costs of training staff in the skills needed to work with the child as well as the potential need to hire an aide part- or full-time. Finally, there are the costs of accommodation such as the purchase of special equipment and materials and physical renovations.

THE LACK OF A CLEAR POLICY MANDATE

A 1986 Government Task Force on Child Care[52] recommended that child care one day be offered on a universal basis — a recommendation that people advocating for better child care have long voiced. There have been many other briefs, studies and reports identifying the need for universal child care. Judge Rosalie Abella, in the 1984 report of the Royal Commission on Equality in Employment, identified inadequate child care services as a consequence of social policy that was "greatly behind the times."[53]

In 1985 the Special Committee on Child Care, a parliamentary committee chaired by Shirley Martin, was struck to study the child care needs of Canadian families and to define a role for the federal government. Following its 1987 report, Ottawa announced a national strategy on child care in December of that year. In July 1988 a new Canada Child Care Act was introduced to parliament. Partially recognizing existing needs, the proposed legislation was to provide tax breaks to families and 200,000 new subsidized child care spaces within seven years.

The proposed legislation failed to become law before a federal election was called in November 1988. Hopes that this national strategy might be resurrected were dashed with the presentation of the federal budget in February 1992. The Minister of Health and Welfare, Benoît Bouchard, announced that the government's commitment to child care had been abandoned and that he had "the privilege ... to be the killer."[54] Indeed, while health and education are mandated as universally

accessible and publicly funded social programs, child care in Canada remains without such a mandate. All three of these services are important for the well-being and healthy development of Canadians, yet child care has not achieved the political and financial support needed to develop a comprehensive and accessible system.

Integrated child care is, in fact, not legislated anywhere in Canada in the sense that no province or territory requires that generic child care programs include children with disabilities. Some provinces and territories do encourage inclusive practice through permissive legislation or regulations and will provide funding under certain conditions. Yet how and where integration is mentioned in provincial and territorial day care legislation varies from jurisdiction to jurisdiction. In some instances there is no mention in legislation at all.

The actual provisions for accepting children with disabilities into child care centres vary from province to province and territory. Funding mechanisms for assisting centres in integration also vary across jurisdictions.

A lack of reference to integrated child care in provincial or territorial law and policy does not, however, mean a lack of interest or even a lack of integrated programs. For example, in July 1990 the British Columbia Ministry of Government Management Services and the Minister Responsible for Women's Programs announced a 19-member Task Force on day care expansion. Its report, *Showing We Care: A Child Care Strategy for the 90s*, was released in January 1991. The Task Force addressed itself to children with *special needs* and to

the barriers families face in that province. It identified priorities for achieving broader inclusive child care options: providing family-focused placements; developing a more coordinated service delivery system; and expanding the basic training of child care staff.

These issues were reflected in the Report's recommendations. In April 1992 the B.C. government followed up by announcing a new $17- million day care strategy to create 5,000 new spaces in six months. It also committed to a long-term plan to improve the quality of child care in B.C.[55]

In 1988 the Manitoba Government appointed a Child Care Task Force to review and recommend strategies for improving services to Manitoba families. It released its report in May 1989[56] following province-wide hearings. The report challenged government to take the lead in "creating a climate" for the best possible arrangements between parents and care providers in order to achieve high quality child care in Manitoba. Although the report identified child care as an instrument to "help children overcome handicaps," it chose not to focus particularly on disabilities. Instead, this issue was incorporated in a broader discussion about the "healthy development" of all children and the need to respond to each child's "personality, culture and level of development."

Various reports from the late 1970s[57] and early 1980s[58] trace the growing commitment in the province of Ontario over the years to provide more integrated — as opposed to segregated — opportunities for children. During the same period there was growing evidence of this transitional process within communities. A number

of segregated children's developmental centres were reorganized to facilitate integration. Municipal centres and family day care homes were encouraged to open their doors to children with disabilities. Specialized centres operated by local associations for community living began to offer resource teachers for integrated centres. In one region, two developmental centres were transformed into a region-wide child and family resource centre. In some instances the driving force behind the shift to integrated models was the area office of the Ministry of Community and Social Services, which planted the idea or encouraged a community college to provide some training or in-service.

Lack of reference in provincial law and policy, then, should not be taken to mean that governments are unconcerned about integrated child care. However, there is greater onus on parents and professionals to advocate and create opportunities for integration than if government were to share the responsibility through less ambiguous policy commitments.

Indeed, there is general consensus in the field that the demand for integrated child care exists and that some good initiatives are in place — *despite* provincial law, policy and regulations. In 1988 the Niagara Children's Service Committee in Ontario conducted a telephone survey of licensed day nursery programs to gather information about the experiences of these programs in integration. Programs that were already working with one or more children with disabilities were unanimous in describing the positive effects on all the children. Many, however, reported difficulties caused by insufficient staff time and limited supporting

resources. Those that were not already engaged in integration expressed a willingness to do so, provided they could count on additional resources.[59]

However, while the shift towards integration was taking place in Ontario at the grassroots level,[60] a major source of frustration was the *Day Nurseries Act*, the legislation responsible for child care. The origins of the *Act* can be traced to 1946 when the government was pressured to pass legislation to keep open the day care centres that were created as a result of emergency wartime legislation to recruit female labour.

"Better legislation is required to meet the child care needs of the 1990s; right now there are too many band-aids," was the observation of one informant for this research. "There is consistency in [policy] statements but no consistency in funding to make that happen so readily or so easily," observed a day care program director. Further proof that change is overdue lies in the fact that much of what is funded now does not come under the *Day Nurseries Act* at all, but under the *Ministry Act*, which is an umbrella piece of legislation by which the Minister can approve anything not covered elsewhere.

Some provinces and territories without legislation are having difficulty establishing policy when there is no national mandate. The issue of available and affordable day care is critical in the Northwest Territories as the traditional reliance on the extended family begins to fail. There was disappointment when the October 1988 sitting of the Legislative Assembly closed without a detailed announcement concerning a child care program. Many began to lobby the territorial government, the Northwest Territories being the only jurisdiction in Canada without

such a support system to parents and child care providers.

In February 1989 the government of the Northwest Territories announced a child care strategy for which it would make available up to $4.2 million in 1989-90. Half the amount would be directed to creating 180 new spaces, user subsidies and supporting the operational costs of licensed centres or homes. However, the territorial government would not table a child care policy until the federal government finalized its proposed Child Care Act; the second half of the $4.2 million would be kept in reserves for cost sharing pending passage of the federal Act.

The territorial government's announcement of the child care strategy acknowledged the need for a quality child care system, but it also articulated difficulties: the high cost of operating services given the size of the NWT; the fact that half the population is under 19 years of age; and that the birthrate is twice the national average.[61] As discussed, the Federal Child Care Act did not materialize.

Were the needs and rights of children with handicaps to be clearly recognized in legislation, a specific government or government-sponsored body would be responsible for the development of services. With that would flow greater public and government participation, accountability and monitoring.

Weak policy commitment is manifested in various ways at the community level. In Ontario all the following job titles might apply to the work performed by individuals classified as resource teachers: resource consultants, personal assistants, family support workers,

integration facilitators, and community development workers. The training backgrounds required for people filling these different roles necessarily extends beyond those specified in early childhood education training with a focus on disability. Specifications for the integration ratios of disabled to non-disabled children are interpreted loosely in different settings. Finally, program operators insist that flexibility is crucial, yet legislation is so rigid they have to go around it.

Problems caused by the lack of a clear policy mandate and policy framework for integrated child care are exacerbated by demographic trends. For instance, it is forecast that provinces such as Alberta will have a decline in the number of preschool children over the next few years. This decline could provide an opportunity to consolidate efforts and develop child care options for *all* preschool children. However, some people fear that the decline could also lead to a decrease in interest in child care as an issue for Albertans.

Without a clear policy framework, competing claims also push integrated child care to the bottom of the government priority list. For example, the compelling issues at the Round Table on Day Care in Nova Scotia were nothing less than salaries, training and certification, public education and subsidies. Support for integration was overshadowed in the process.

Public attitudes also undermine the creation of strong legislation and policy in the area of child care. The field of child care is hindered by a prevailing social attitude that caring for children is easy and not serious work. This perception frames the function of day care centres as little more than a babysitting or child-minding service.

Child care workers are 98 per cent female and the day care sector tends to be a female job ghetto. Child care is viewed as "women's work," an extension of the domestic scene at home, and is devalued due to deep-seated sexism that permeates our culture. Salaries in day care are very low and are accompanied by a lack of profile for those engaged in the work. There is a tremendously high rate of staff turnover. Despite these problems, there is a lack of political commitment to change.

Lack of clarity and overall direction at the policy level also leaves unanswered a contentious issue: who should provide child care? In one corner of the debate are those who argue that for-profit centres should operate and receive public funds. After all, these centres provide a service desperately needed by Canadian families. Such commercial operations can be individual businesses, chains or franchises.

Others argue that, instead of investing public funds in this way, funding should flow to non-profit centres. Such centres are sponsored by churches or community organizations whose members make up the board, or are parent cooperatives run by parents of children in the centre. These centres, it is maintained, are pursuing aims other than profit — aims more consistent with the needs of developing children.

Both approaches have their merits and have in fact been allowed to develop apace. Yet both also have their limitations. Because of the additional costs associated with disability, for-profit centres have often found that to integrate children with disabilities can be inconsistent with the profit motive. This leaves little incentive for

them to include children with disabilities in their programs, as developments in Alberta clearly show. Moreover, critics maintain that, because the financial margin of operating a day care centre is so narrow, a profit can only be made by trimming salaries, raising child-to-staff ratios and reducing food costs,[62] all measures incompatible with providing a quality program.

On the other hand, many non-profit child care centres are committed as a matter of principle to integration. Yet they are also cramped by limited funding — where integration is attempted, it is within the context of scarce public resources.[63] Other non-profit centres that have a particular focus on children with disabilities are segregated programs. These arrangements preclude integration.

Because different approaches to the provision of child care — profit versus non-profit — have developed side by side, the child care delivery system finds itself grounded in divergent assumptions about what constitutes appropriate child care. It is also at odds with itself about what goals ought to be pursued and why.

It has become clear in the confusion that child care has not been framed as a broad public responsibility. Instead, responsibility continues to be seen as that of the private and voluntary sectors. Each of these sectors has its own rationale for not including children with disabilities in the social mainstream.

The absence of clear direction on integration leaves program directors in a quandary. Deciding to "go for integration" in the absence of policy and supports leaves them open to criticism by those suspicious of their motives. "Integration is 'in' and some [centres] are out

for the glory without knowing what it is all about," suggested one of the more cynical observers. Although not personally opposed to integration, this person suspected that some centres might admit children with obvious physical handicaps over children with less obvious disabilities, in order to be seen to be running an integrated program.

Program staff report different experiences within the vague policy context. Some staff members feel supported in their integration efforts and express appreciation at how in touch government can be at a community level when everyone is working together. They point to the way extra resources are made available to ease the transition period. Others experience frustration at the lack of direction and leadership, particularly when they sense pressure exerted on a segregated program to desegregate without a parallel strategy for its conversion. They accuse government of "knowing what they don't want but not knowing what they do want."

Even when staff encounter supportive and reliable individuals working out of regional government offices at the local level, they know these helpful individuals will soon disappear from the local scene after being promoted to a corporate office. Hopes that the message to support integration will be relayed to people at a more senior level never seem to be realized.

In summary, the legal and policy framework for the delivery of child care services determines the extent to which children with disabilities can be included. Ideally, it can not only articulate desirable directions but also create incentives and real opportunities for moving

forward. Conversely, it can create confusion and disincentives. Provincial and territorial child care policy that encourages integration but does not actually require nor support its implementation makes it very difficult to achieve integration.

Inadequate Public Funding

Child care in Canada is under-funded. A national study on wages and working conditions in Canadian child care conducted in 1991[64] surveyed 7,200 child care workers in 969 centres. It found the average hourly wage to be less than $7 in some provinces (from $6.03 in Newfoundland to $6.76 in Alberta and up to $11.51 in Ontario). The average national wage of child care teachers (defined as those in charge of a group of children often with staff supervisory duties), was found to be $18,498 per year. According to the survey, this represents a 4.5 per cent drop in real wages over the past seven years. When compared to animal workers in zoos, warehouse workers and prison guards, child care workers ranked at the bottom.

A background document on the subsidy system prepared for the Special Committee on Child Care[65] revealed that if the provisions of the Canada Assistance Plan (see The Federal Role, page 28) had been fully utilized, 72 per cent of Canadian children aged six or under whose parents were working would have been eligible for a full or partial child care subsidy.[66] In 1982 the federal government expanded the range of family income that it would consider eligible for cost-sharing day care subsidies.

According to the background document, in Manitoba 40 per cent of preschool children of working parents were eligible for full or partial subsidies yet just over 8 per cent received them. In Saskatchewan nearly 60 per cent of preschool children of working parents were eligible for subsidy but only 7 per cent received them.

This under-utilization may be explained, in part, by the fact that families do not know about the subsidies they qualify for because information on subsidies is not widely advertised. In some instances families refuse the subsidy because of the social assistance/welfare stigma attached to CAP. For some families the ceiling on subsidies set by several provinces and the minimum fee required from parents make even subsidized child care unaffordable. However, there is a catch: even if one province were to try to fully utilize CAP and make funding available to all eligible families, at the present time there would not be enough licensed centres and trained workers to fulfill the demand for service that would result.

The 1990 federal budget introduced the first ceiling on transfer payments to three provinces — Ontario, British Columbia and Alberta.[67] This action will result in limits on the 50/50 cost-sharing of child care subsidies. Unlike social assistance, which is mandatory, social services of a more preventative nature, including child care, fall into an area of discretionary spending under CAP.

Already inadequate funding of day care is shrinking in these tough economic times. This single factor affects the delivery of child care in many different ways. For example, inadequate funding in Manitoba means grants

TABLE 3
FEDERAL "LIKELIHOOD OF NEED" INCOME LEVELS UNDER THE CANADA ASSISTANCE PLAN FOR DIFFERENT FAMILY SIZES

JANUARY TO MARCH 1987

FAMILY SIZE	TURNING POINT (USER WITH INCOME BELOW THIS POINT WOULD BE ELIGIBLE FOR FULL SUBSIDY) (DOLLARS)	150% OF TURNING POINT (USER WOULD CONTRIBUTE 100% OF INCOME BEYOND THIS POINT) (DOLLARS)
1 ADULT, 1 CHILD	24,072	36,144
1 ADULT, 2 CHILDREN	28,080	42,120
2 ADULTS, 1 CHILD	28,080	42,120
2 ADULTS, 2 CHILDREN	32,088	48,132
2 ADULTS, 3 CHILDREN	36,096	54,144

Income levels refer to annual after-tax income. These levels are adjusted quarterly to reflect changes in Old Age Security and Guaranteed Income Supplement levels.

Data from: Health and Welfare Canada

Source: G. Cleveland, *Provincial Day Care Subsidy Systems in Canada: A background document*, report prepared for the House of Commons Special Committee on Child Care in Canada, Ottawa 1987.

have been reduced to centres and parents are expected to pay a greater portion of the fees. The specialized training grant has been cut and ministry staff are considering what role they might play in conducting in-service training themselves. "We are hearing pleas from day care centres and providers to help with sexual abuse," said one staff member. To reflect changing needs, nursery school programs are now able to apply for Children with Disabilities Grants previously unavailable to them. However, although nursery schools are a resource for children with disabilities and a source of socialization and respite care opportunities, according to an informant only those in existence prior to 1978 are eligible for funding.

In Manitoba communities, cuts to grants are being felt. One board member recalled her centre discussing the probability that it had admitted its last child with disabilities. "We were all in tears because we relied on that centre for many years — not only because it was ours, but that was the third centre [similarly affected]." Child care advocates have found it frustrating to try to monitor the situation. One advocate said, "We hear programs are being cut, but secretly."

The current day care scene in Metropolitan Toronto was once considered a model for the province. Now it is being eroded by the recession. The situation only seems to be worsening.[68]

The adverse affects of underfunding in New Brunswick are felt in the Community Based Services for Special Needs Children program. There are significant waiting lists with no new families being admitted. Those families receiving service are experiencing cutbacks

in the levels and hours of service previously negotiated. "Whatever anybody has now, they used to have more," commented one mother. "And once you give up the hours you never get them back." The Department of Health and Community Services' position is that they have increased the budget for the program and are spreading it around so that more people receive service. However, this shift is experienced as cuts because, as the number of units of service that can be purchased overall has increased, the funding per unit of service has decreased.

In British Columbia under-funding makes the grants for specialized space attractive. The receipt of funds means centres are expected to provide an enhanced service. Child care regulations stipulate greater floor area per child, more toilets and wash basins (one of each for every eight children in a designated centre as opposed to one for every ten in a regular centre), smaller groups, a greater staff-to-child ratio and better trained staff. But staff of centres are concerned about the severely limited resources available to ensure good quality integration. Recently, programs committed to providing high quality integration have refused to accept children if staff cannot also have access to consultants and therapists to advise on programming, aids and adaptations.

Funding under the Direct Home Services Program has reportedly dwindled over the years in Newfoundland and Labrador. At one time, every child on a case load would receive day care and one-on-one support, although that sometimes made child care staff too reliant on the support worker. The Developmental and Rehabilitation

Services division (formerly Mental Retardation Services) has for years not been accepted in Social Services according to one interview respondent concerned about the declining image and consequent diminishing budget allocations to the Direct Home Services Program.

Underfunding in Quebec is creating concerns about the funding policy of *l'Office des services de garde à l'enfance* (OSGE) introduced in 1989. The service does not provide funds to reduce child-teacher ratios, thereby acting as a disincentive to centres wishing to integrate. No recognition is given to the additional administrative and program workload involved in integration. Consequently, day care administrators sometimes feel unsupported in assuming responsibility for children with disabilities. They report that the threat of employee burn-out is constant.

The provision of specialized support staff to facilitate integration is recognized as a critical resource but the day care community does not feel the OSGE is doing enough in this respect. It only provides each centre with $16 per day towards specialized staff and even that can take six months to flow.

Funds are sometimes available through *l'Office des Personnes Handicapées du Québec*. However, families whose children require services such as speech therapy or physiotherapy may not have access. Poor coordination among government departments and long waiting lists — the result of an inadequate funding commitment — combine to block access to these essential services.

Currently, funding restrictions in the Yukon mean that subsidies are available in Yukon only if children go into licensed centres and the family has limited

income. Limited income is a given in the case of children whose long-term medical problems require their mothers' full-time attention, meaning there can, at best, be only one wage-earner in the household. However, community day care may not be an option for some of these families if, for example, the child is at risk of infection in a community day care centre. Financial burden is often exacerbated by frequent visits to medical facilities in Vancouver or Edmonton. These trips mean days away from home. Yet financial assistance is provided for only one night's accommodation.

In Saskatchewan, a rehabilitation worker said, "The day care system is not extremely well-funded in this province and that has an impact on special needs day care." Child care for children with disabilities is seen as a compensatory educational program for the child, not as alternative care for families. As a result, very few Saskatchewan families with children with disabilities receive services in day care homes or day care centres.

One official suggested that, within the Saskatchewan Department of Social Services, child care is viewed as a prevention service that helps families cope: "We haven't been cut back as many other programs have. Mind you we haven't had any new money." When asked what is being done for children with disabilities, the official responded, "The short answer is ... little." Although a number of policies were in the draft stage, the issue of *special needs*, not considered a priority, was not among them.

Under Nova Scotia's arrangements to provide *special needs* funding for day care, parents and child care staff face a number of problems. When a typical child enters

day care and then begins to demonstrate a lag, the child must first be identified as having *special needs* before additional resources are made available. However, it is unlikely that parents would be keen to have their child labelled at that point, causing delays in securing funding.

The lack of affordable child care may not affect a family as immediately as a lack of food or housing, but over time it can tip the balance for low-income families towards dependence on social assistance. Families seeking care for their child with a disability are already subjected to extra costs associated with a disability and the possible loss of earning power on the part of the primary giver. Given that they are eligible for subsidies on the basis of the *special needs* of their child alone, the reduction in CAP and a tightening of subsidies will create further disadvantages by eliminating their option to use child care. Those who need to work but are unable to afford child care will be in a catch-22 situation.

Throughout Canada it is not only child care that is affected by inadequate levels of funding. "Soft services" such as those providing support and relief to families caring for disabled children are "always at risk and subject to the vagaries of what people in government might decide can be most easily cut," according to Roper and Carton in their presentation on the Ontario Special Services At Home program.[69] These are invisible services, often not well understood by people not involved first hand in the daily regime of adaptations and adjustments associated with life with a disability. "It seems that governments are more comfortable putting money into buildings than into funding families to cope," observed one informant for this study.

Yet support services are so critical that even marginal cut-backs can have devastating consequences. As one mother lamented, "We just learned that our hours [for a community worker] were cut in half but the problem is that if you give up the hours you never get them back. Policy changes always come in the mail and it's never good news. So I called downtown and said 'This is all I can take. Take them all — my three kids, my husband. I've had it. I'm leaving.' Only then was I given what I needed."

The area office of the Ontario Ministry of Community and Social Services approves Special Services At Home funding for families, but only for one year at a time. The annual headache of reapplying is frustrating for families who insist that their needs do not change substantially from one year to the next. They would prefer the assurance of annualized dollars in recognition of the permanent demands involved in caring for their children.

Across Canada, those who provide services to children are concerned about today's ongoing economic stress. Money is tight everywhere and, because the provision of child care is permissive and not mandatory as is welfare, the policy and funding bodies are caught between providing for integration or helping people be fed and sheltered. Only a national strategy providing for a universal system of child care, as health and education are provided, will ensure the availability of service.

In summary, although there is growing recognition of the benefits to including children with disabilities, concerns about implementation are often expressed in terms of cost. If inclusion is seen as a costly addition

to the existing child care system — a system that includes both community child care programs and specialized preschool programs for children with disabilities — then concerns about resources are warranted. Certainly government administrators, cognizant of ongoing budgetary and financial restrictions, are reluctant to take on the task of integration, given its budget implications. On a practical level, already overworked and underpaid staff are similarly reluctant if children cannot receive the required attention and resources.

Something more fundamental is required than an add-on to the existing child care system. The need is for a total shift in policy and practice so that inclusion is part of the framework upon which the provision of child care is built. Significant change in the management of available resources, and a more positive perception of children with disabilities than as a financial burden to the child care system, are required to bring about total integration.

FRAGMENTATION

Because integrated child care lacks a clear mandate at a provincial and territorial policy level, and because adequate funding has not been allocated for integration, the system for providing child care to children with disabilities is enormously fragmented. Fragmentation results from different provincial and territorial economic capacities to provide social services, as well as different attitudes towards child care. The fragmentation is also

caused by local differences, with communities approaching child care in individual ways. And fragmentation results from the simultaneous development of profit-seeking and non-profit approaches to service delivery, each grounded in divergent assumptions and the pursuit of different goals.

System fragmentation is also due partly to a lack of coordination between government departments. For example, in British Columbia responsibilities are broken up between the Ministry of Social Services and Housing (MSSH) and the Ministry of Health. The Ministry of Social Services and Housing delivers child care services but the Ministry of Health is responsible for licensing, inspecting and monitoring child care facilities and for providing funding for therapy services in child development centres to children with disabilities.

The B.C. Ministry of Social Services and Housing has undertaken a review of the Special Needs Day Care Program. It recently produced a survey of delivery settings and of children's needs. The findings show that most children are being served in child development centres or specialized group settings under the jurisdiction of the Ministry of Health, not in regular MSSH day care settings.[70] According to a senior government official, it would be difficult to change the Special Needs Day Care Program because it is not "a big ticket item," which makes it "difficult to get attention." Furthermore, programs were set up in the absence of an overall vision; therefore, the structure of day care in any B.C. community is less the result of overall planning than of efforts by interest groups. This is the case in other provinces as well.

Alberta's Integrated Day Care Program operates in six regions across the province. Given this regional decentralization, the program tends to be administered according to varying regional structures and procedures. The program's regional fragmentation also arises from differing regional funding structures and differing levels of staff knowledge about benefits and programs. In urban areas funding is based on the cost of hiring one staff person for every four children with disabilities. Rural regions tend to pay for services on a more individualized basis and to a large extent spaces are restricted to non-profit centres providing full-day services. At present there is no clear statement of program purpose common to all regions. Staff in many day care centres are still inadequately trained to deal with the particular needs of children with handicaps and appropriate expertise is not always available to those providing care. Nonetheless, one educator commented on the status of the integration struggle in Alberta: "In Alberta we're much richer in our dollars for [integration in] preschool than ... for education."

That province's Handicapped Children's Services was investigated during a recent government review. The final report of the Brassard Review, *Claiming My Future*, acknowledges the central role families play in bringing about change. The review outlines, among other issues, the substantial differences in the delivery of services and the frustration experienced by the very people it was designed to serve.

As is apparent in Alberta, a source of fragmentation is the fact that persons living in rural areas do not have access to the same range of services available to persons

in urban centres. Rural families in Saskatchewan often send their children with disabilities to a child care centre in the vicinity, for which a teacher assistant can be hired to implement a special program. Rural communities often appear more willing and innovative when it comes to including children with disabilities. However, a problem arises when the Saskatchewan Ministry of Education gets involved because at that point specific therapies provided by the Ministry of Health are withdrawn from the child.

In Ontario the lack of policy direction combined with the decentralization of the Ministry of Community and Social Services has meant fragmentation because area offices can set priorities according to their own issues and interests. In some areas the message has been "integrate or dismantle." In other areas the attitude has been to move more slowly. Either way, the inconsistency has been confusing for parents and service providers.

General system fragmentation and the lack of inter-departmental coordination become evident around children with complex needs. For some children, health care such as catheterization, gastrostomy care and feeding, injection and the monitoring of oxygen is required. Yet these forms of health care are typically not provided within an early childhood setting or by early childhood educators. Because these needs do not align neatly with the services that ministries of health and social services consider to be their responsibility, families typically experience frustration getting the help they need.

For example, in the province of Saskatchewan a critical gap in services occurs because policies are incompatible. "If you have to stretch the policy — and

everyone does — then it is time the policy should be changed," commented a government consultant. The $35 a day that social services allocates may cover the cost of respite but cannot cover the cost of nursing care; a nurse providing home care will look after the medical needs of the child but not the respite needs of the care-giver. Social service providers point out, "We have authority to support parents and to prevent the removal of children into care but we don't see medical needs as part of that; we don't take kids into care because of their health."[71] The situation in Saskatchewan is by no means unique.

Families whose children have complex medical needs constantly run the risk of falling between the cracks when they seek respite services. There are more children with significant disabilities surviving once-fatal conditions because of advances in medical technology. These children will require assistance throughout their lives.[72] This means that, increasingly, health care must be provided in an early education setting, possibly by early education staff. Although appropriate supports for these children in day care and school have yet to be defined and developed, the needs of these children are here to stay.

In summary, the child care system in Canada is fragmented. Services that are fragmented are difficult to coordinate and use. The resulting gaps in service leave many families struggling to figure out where to go for what they need.

chapter 4.

A No-Win Game: Inadequate Access, Little Response

ntegrated child care is not clearly mandated, the level of funding is inadequate and the delivery system is fragmented. As a result, the supply of child care fails to keep pace with demand in the community. Assuming that a system of child care is in place, do children with disabilities have access to it? Does it respond to their needs? This chapter looks at issues concerning the accessibility and responsiveness of child care to children with disabilities and their families.

LACK OF ACCESS

One mother describes how, having found a possible space, the question of whether her son would be allowed *access* became a hurdle:

When I looked for a day care centre for my son he was two years old but he was not yet walking. Without even seeing him the director said, "Sorry we can't accommodate 'special needs'. This program operates on two levels and we can't take a child who is going to hold us back." I didn't question her decision — I really didn't want him there if that was indicative of their attitude. Two is a little young to experience discrimination.

Access to child care is affected by factors such as the availability of service, eligibility criteria, system discretion, the cost of services and linkages between child care and other services.

INADEQUATE SUPPLY

Increasingly, mothers with young children are working outside their home. The workforce participation rate for Canadian women between the ages of 25 and 44 (when they would most likely be raising children) was 77 per cent as measured in September 1989 by Statistics Canada.[73] This rate is increasing yearly as women exercise their social and economic right to be part of the paid labour force. The sharp increase in two-earner families (for which a single income is inadequate), as well as single-parent families headed by women (which are at risk of living below the poverty line or falling into the welfare trap), accentuates the critical need for child care arrangements. Furthermore, shifting family and

community patterns have meant a decline in the extended family and other informal forms of support, putting a greater demand on organized child care. These trends have had a critical impact on all Canadian families, and all the more on families raising children who have disabilities.

Over the past two decades, the number of full-time spaces in child care centres has grown by an annual rate of 10 to 16 per cent.[74] Yet there are still long waiting lists because the expansion has not kept pace with the rate at which mothers are entering the labour force.

The gap widens between the supply of regulated care and the demand for spaces. According to Health and Welfare statistics, in 1990 there were 500,000 more children than there were in 1983 who were under age 13 with a mother in the labour force and for whom there were no regulated child care spaces. In 1983 there were 139,070 regulated spaces and 2,275,595 children under age 13 with a mother in the labour force. In 1990 there were 320,024 spaces and 2,985,500 children. Indeed, the situation was deemed of crisis proportions when the Royal Commission on the Status of Women reported in 1970.[75] The demand for adequate child care spaces far outstripped the supply then, when only 20 per cent of mothers with children under 14 years of age were in the workforce.

The lack of adequate child care may have even further-reaching effects than the immediate difficulty it imposes on families trying to find spaces. It is hard to determine whether women's decisions to work are based on their ability to find satisfactory child care (i.e., would they work if they liked what they could arrange, or would women exclude themselves from the workforce if they felt they could not get proper care for their child?)[76]

The shortage of spaces manifests itself differently in each province and territory. In 1988-89 the Special Needs Day Care Program of the B.C. Ministry of Social Services and Housing contracted with 93 programs to supply 1366 specialized spaces, including spaces in segregated settings, at a cost of $8.1 million. It also provided coupons for use in other licensed settings for approximately 356 children, at a cost of $2.2 million. Out of a total of 30,948 licensed spaces, only 1,722 spaces were designated to children with disabilities. This is approximately 5 per cent of the total number of children served. A senior bureaucrat said, "You have to be a highly motivated person to get into *special needs* day care in this province." The 1988-89 B.C. expenditure on *special needs* amounted to $10,279,226, or $5,969 per child (see Table 1, pp. 34-35).[77]

In B.C. local associations for community living that operate preschool programs continue to provide alternatives for families whose children have multiple handicaps. These children experience the effects of selection procedures that admit only those with minimal disabilities into the regular centres. However, local associations would prefer to see the Ministries of Health and Social Services and Housing take the lead by designating and funding one out of four child care spaces for children with multiple handicaps. Non-disabled children in the community do not require the extent of after-school care needed by young people with mental handicaps. To fill the gap one local association in B.C. offers an after-school program for children with disabilities over the age of 12 or 13.

A recent review of the Integrated Day Care Program in Alberta estimated that only one-third of the children whose families needed day care were being served by the 411 full-time funded spaces. Figures for 1985 and 1986 indicate a cost per space of $4900 per year and a budget of approximately $2 million. This includes all available spaces in centres and family day homes as well as 80 "non-integrated spaces" in Calgary's Providence Child Development Centre.[78] According to 1988-89 figures, the number of spaces did not increase over the years but remained at 400, at a cost of $4,250 per child and a total of $1.7 million, representing an overall decrease in the Integrated Daycare Program (see Table 1, pp. 34-35).[79] The total child care budget for 1988-89 was $63.3 million. Children with disabilities are clearly not getting a fair slice of the pie.

According to research conducted by the Saskatchewan Child Care Association, as of July 1991 there were 38 day care centres and five family day care homes receiving child development grants to provide programs to 128 children with disabilities. This represents only 2.1 per cent of the total number of licensed child care spaces in the province.[80] From available figures based on six months in 1990, the annual spending for children with *special needs* is approximately $320,422 or $2,648 per child.[81]

Describing child care services in Saskatchewan, a psychologist remarked, "We haven't so much regressed as stood still the last 10 years and yet people's expectations have grown. What we offered 10 years ago is not good enough now, especially for people who have come through early intervention." Other comments

confirmed this and demonstrated that parents are growing extremely frustrated. When early intervention programs have waiting lists up to 20 names long there can be no mistaking the impact if this lost time is at such a critical stage in children's lives.

A number of problems relating to the inadequate supply of child care are propelling the issue of relief services to the forefront in Saskatchewan. One problem is the number of children with challenging behaviours who are being refused access to child care services. A second is the substantial waiting list for the admission of children into short-term residential care for respite.

Rural children regularly lack child care opportunities because there are too few spaces to accommodate them and because families must travel long distances to these centres. Discouraged by the costs, families take their children to play alongside them as they work, despite minimal supervision and the safety hazards of heavy machinery and large animals. A farm family's need for child care fluctuates seasonally; these families experience difficulties particularly in the summer.

Rural families lacking access to resources may be forced to rely on small hospitals to solve their emergency or respite solutions. In addition, hospitals often discharge children needing medical attention without follow-up, placing an enormous burden on families.

Urban centres have their own problems. Recent reports of budget cutbacks in Toronto centres have newspapers screaming about cuts of 700 spaces[82] and a waiting list of 7,000 people for subsidized spaces. Yet 3,300 day care spaces are vacant because families ineligible for subsidies cannot afford the escalating day care fees.

In Quebec the availability of care varies from region to region, with urban regions being better serviced than rural regions. In addition, some areas have strong parental activity influencing the level and quality of provision. Despite an increase of 14 per cent for all types of day care centres in the most recent provincial budget estimates (March 1992), *l'Office des services de garde à l'enfance* statistics reveal that only 36 to 37 per cent of the population needing child care is able to secure it.[83]

The Nova Scotia government subsidizes approximately 2000 spaces in non-profit day care centres of which fewer than 100 are available for children with disabilities. Most of these 100 spaces are in the urban areas of Halifax, Dartmouth and Sydney and chances of finding a space in a rural area are slight. Half-day preschool nursery schools are more popular than full-time day care. Nova Scotia's Children's Training Centres have traditionally been the primary respite option and a safety net for some families. With these closing, lack of respite is a critical issue facing families in Nova Scotia, as elsewhere.

Family home day care is growing in rural Nova Scotia. However, according to provincial officials, there are not "officially" any children in rural areas with *special needs*. That claim may stem from the fact that much of what would be characterized as home day care is unlicensed and so would be little known to ministry inspectors. "Family day care was established long before a name was attached to it," commented one day care worker. The attitude in rural areas towards day care is that it is something associated with urban life, something of a "last resort if one were desperate or a

professional family."

The province of New Brunswick is stronger in early intervention than in child care. It funds 15 home-based early intervention programs. Because they have been run privately, they have not been regulated. Consequently, the quality varies from program to program. Recruiting and keeping rehabilitation staff in rural areas has proven difficult. Therefore, although these services were designed to be uniform, in application they are not. Nor are they universally available. Given the rural nature of the province, distance is a significant problem for many families who would like access to these services.

But even those involved with early intervention suggest that in New Brunswick it is not as culturally normative for children to go from early intervention into a preschool program as it may be in other provinces. The demand for child care generally is affected by the fact that, outside the towns, many women do not go out to work. Women who do take jobs tend to work in seasonal or part-time employment. Another facet of need arises when families with medical appointments for specialized services must travel to larger urban centres and — for those who are French-speaking — to Quebec.

Given the lack of child care spaces in New Brunswick, families sought dollars for support through the Community Based Services for Special Needs Children. At first they praised it. Not only was it regarded as a "cadillac program" but it was acknowledged for recognizing the individual nature of families. The need to look at the family as a whole and

not just the severity of the child's condition in isolation was "an early lesson learned while determining eligibility," admitted an officer with the program. Now, however, there are significant waiting lists to which no new families are being added.

In 1991 the New Brunswick Association for Community Living published a report called the *Children's Services Review Project*.[84] The project was a three-year effort designed to assess the quality and quantity of supports for children with disabilities in the province. Conducting extensive interviews with families, service providers and policy makers, the researchers found widespread opinion that although the current service system has expanded greatly even in the past five years, serious gaps remain. Significantly, the process of conducting the study brought hundreds of families together and stimulated the creation of many parent support groups. What impact these better-informed and better-connected parents will have remains to be seen.

Newfoundland families have long looked to the Direct Home Service Program for support in caring for their children with disabilities. However, in some parts of Newfoundland, there are now waiting lists of 30 names for supports under the province's program. Families are being denied service despite their desperate circumstances and field staff report that youngsters with Down syndrome are not receiving early intervention or seeing case workers, attending day care, or even walking or being toilet trained.

A similar situation prevails in the North. A study conducted by the Yukon Association for Community Living, called *Helping Yukoners Support Family Members*

with Disabilities: A study of respite care needs and options,[85] found a great unanswered need.

Particularly in areas of the country where there are no child care services at all, desperate situations often arise. A discharge staff person at a hospital described the time a mother was admitted, but her child had nowhere to go and no one else to care for him. He had to go with his mother to the hospital and stay in her room. The situation was stressful, especially for the child who had to see his mother so sick.

RESTRICTIVE CRITERIA

Restrictive program criteria can block access to the services that are in place. Regardless of province or territory, existing services do share a common characteristic: children viewed as having *special needs* have a harder time gaining access to child care than do other children. Consequently, children with disabilities are currently under-represented in the child care system.

Eligibility tests for child care subsidies are stringent; often only the neediest families qualify but are still expected to pay a portion of their child care fees. Income levels on which eligibility for subsidy is based differ enormously across the country. In some parts of Canada a two-parent family with two children is only eligible for subsidy at $13,000 a year while in another area a family earning $35,000 can expect to be partially subsidized.[86] Provincial and territorial governments limit the number of subsidized spaces and day care providers are often at liberty to refuse them services. Therefore, a family's eligibility for a subsidy does not necessarily

TABLE 4
OVERVIEW OF PROVINCIAL AND TERRITORIAL CHILD CARE SUBSIDIES (1990)

PROVINCE/TERRITORY	NET MONTHLY INCOME LEVELS[1]		MAXIMUM SUBSIDY[2] PER CHILD/DAY	MINIMUM USER FEE[3]
	1 PARENT/ 1 CHILD	2 PARENTS/ 2 CHILDREN		
B.C.	$987	$1244	$7.19 - $22.76	—
ALBERTA	$1530	$1930	$13.33	$40 per month
SASKATCHEWAN	$1639	$1739	$11.20	10% of fee
MANITOBA	$1059	$1456	$12.80	$260 per year
ONTARIO	$1006	$1686	$47.52	—
QUEBEC	$2291	$3875	$12.70	$250 per year
NEW BRUNSWICK	$931	$1015	$7.00 - $14.00	—
NOVA SCOTIA	$1043	$1163	$14.00	$1.25 per day
P.E.I.	under review		$16 - $20	—
NEWFOUNDLAND	$1520	$1610	$17.14	—
YUKON	$1384	$2094	$8.33 - $21.42	—
N.W.T.	varies with region		up to full cost	—

NOTES:

1. Net income levels may be increased slightly in some provinces by credits for employment and other costs. In B.C. for example, $300 per month may be added to the net monthly income level where an adult in the family is employed or a student; $125 per month may be added for each disabled person or person over 65 in the family unit. As well, the Federal Family Allowance is exempt from the calculation of the net income level. Saskatchewan uses gross income in their calculation.

   If a family's net monthly income level is at or below the levels noted above, the family might be eligible for the maximum monthly child care subsidy.

2. Maximum subsidy is reduced, usually by $.50, for every dollar earned over the noted level.

3. Some provinces require parents to pay a minimum user fee for child care regardless of their income level. Some provinces, like Ontario, contract with facilities for a specific number of subsidized spaces and place a ceiling on the fee that may be charged by the facility for the subsidized space. Other provinces, like B.C., expect the parent to pay the difference between the maximum allowable subsidy and the actual cost of care charged by the facility.

Source: British Columbia Task Force on Child Care, *Showing We Care: A child care strategy for the 90s*, January 1991.

mean getting a space.

In the regular child care system in British Columbia, families pay fees unless they are eligible for a subsidy; that eligibility is determined by an income test. But any family whose child is designated *special needs* is not required to take an income test nor to contribute to the payment of their child's care. In financial terms, this is attractive to many parents of children with disabilities, who feel it is justified because of the extra costs they incur over typical families.

However, when a family without a *special needs* child is eligible for a subsidy, the funding typically follows the child. The family receives a voucher and seeks a placement. On the other hand, for families with children with disabilities, certain program spaces are designated and approved for *special needs* and the children are expected to follow that funding.[87] Under this arrangement, it is unlikely a child will attend his or her neighbourhood day care centre. It is more likely that a child will be accepted into a centre where staff feel the child fits into the existing program — a program based on the staff's specialized knowledge of certain disabilities. The drawback of this approach is apparent in the following situation described by a community worker:

One mother, anxious to get her child into day care, secured a letter from her doctor saying that although her son had a hydrocephalic condition, he had a shunt in place and no longer had to wear his helmet. She went before the screening committee and was given the green light. However, she was offered one of three spots in a centre which catered to children with emotional disturbances. So, for one hour each day, he was pulled into a closed room with the other two children with emotional

disturbances. This day care space was not only irrelevant to the child's disability, it was also well out of his community. According to the worker, this mother felt she had little choice but to accept; indeed she felt grateful.

It is not uncommon for a centre in Saskatchewan (as in other provinces) to admit a child with disabilities then ask the family to withdraw the child after a probationary period. Other centres might seek a supervision grant, but only a persistent centre will get a grant. To receive a grant, a child must first undergo a "very clumsy" assessment, according to a community psychologist, where the decision of the referring person is critical. In addition, five or six children with *special needs* would have to be admitted to a centre in order to generate enough funds to hire an extra staff person. In preschool and after-school programs, families are being told their children can be included only if the child does not need extra supervision.

The designated integrated centres of Ontario present other difficulties that have been identified by many in the system. Only half-day programs are provided for children with disabilities. The children go to day care in the morning but in the afternoon they are sent home, where the resource teacher visits occasionally. The model reinforces the underlying assumption that mothers of handicapped children stay home.

However, in some instances in Ontario parents have been able to negotiate arrangements for their children to stay at day care all day. In these situations the children are funded as children with disabilities in the morning (and assigned the extra resource teacher), but are funded as non-disabled children in the afternoon

(and counted as part of the standard ratios). Because no additional support is available for these children for part of the day, a *de facto* criterion of the child's eligibility for all-day care is his or her degree of disability and the staff time this will require. There are obvious disincentives for centres to welcome children into all-day care if they are not in a position to provide adequate support in the process.

Other eligibility requirements and procedures limit access. For example, in some locations in New Brunswick, parents must sign a custody agreement to receive 24 hours of relief. Aside from feeling like they have been "cast in the role of beggars," parents agonize over signing because they fear relinquishing their parental rights: "What if they won't give our child back? What if the day care puts him in an institution? Will I be viewed as a bad parent?" For many parents, this is too high a risk just for a babysitter.[88]

In British Columbia parents face a similar dilemma. In not paying fees they give up some control over services that other families do not lose. Moreover, the Ministry of Social Services and Housing becomes disproportionately involved in determining what happens to their child. Parents who do not pay fees are subjected to procedures for identifying and labelling their child, which create a bureaucracy of assessments. Children are evaluated by screening committees that have the power to grant or deny admittance to regular programs. Although these committees sometimes do not even meet the child concerned, they frequently deny access to programs. Parents are excluded from meetings in which the screening committees make their determinations.

This extensive assessment, referral and screening process is not applied uniformly to all children.

On the other hand, eligibility sometimes means that families must portray their children negatively, cloaking them in labels. For some services, families only qualify when their domestic circumstances have deteriorated to a level of crisis or when there is extraordinary need.

Because respite services can affect the personal lives of so many people, they must have flexible eligibility criteria and should respond to the family situation. Unfortunately, that is not often the case. As one mother observed, "I can have a relief worker in so that I can get to the grocery store, but the problem is she will only watch my son who is disabled. That means I have to take the baby with me. I am not happy with this arrangement because Jeff is in hospital so often that my kids are already separated too much of the time."

Families know from experience about the elements of good service, which leaves them perplexed by the eligibility criteria they encounter. They see irregularities, inconsistencies, regional differences and a lack of rational allocation of resources. This leaves many of them angry.

System discretion

In the absence of funding and mandated direction, centres set their own admission criteria and are free to refuse access. "Can we, the ministry, ever say to a non-profit group existing on parent fees that they have to [accept all children]?" mused a program manager.

This situation prevails in all provinces. For instance, in Quebec parents object that *l'Office des services de*

garde à l'enfance will not highlight centres in their directory that are pro-integration, leaving families to find this out for themselves through rebuffs and rejections. Although Quebec centres are encouraged to support integration, ultimately the choice is their own, as in other provinces. Parental choice is encouraged but usually the day care centre makes the final decision. Individual operators in New Brunswick may be encouraged on principle to integrate, but the lack of financial resources and specialized supports is a powerful disincentive.

In the rural Central Region of Alberta, the Integrated Child Care Program is delivered through the Children's Services Centre in Red Deer. It has a maximum of 30 full-time spaces and there is always a waiting list. "Integrating children is not the problem, receiving funds to do it is," stated a worker with the program, "and so is any centre which thinks they cannot begin to include a child until they have a comprehensive assessment done by groups of professionals." In her view, highest priority belongs to the children with the greatest needs who have not had previous assessments or the opportunity to participate in other programs. This approach to integration challenges staff to rely on their own skills and knowledge and to trust more informal observational assessments.

In Alberta parents are expected to pay regular day care fees and the centre receives up to $100 per *special needs* worker to cover staff development costs and benefits. Specialized resources such as physiotherapy and occupational and speech therapy are not provided automatically but must be secured through local generic services. If the *special needs* worker is sick, other child

care workers are expected to take over and continue the child's program.

Several home care providers in Saskatchewan include children with disabilities. However, there is no reduction in the total number of children receiving child care in one of these situations, even when there is a child with a disability requiring extra attention. Providers try to operate at full capacity, frequently caring for children in the evening and overnight, because the income is needed. Given the number of children they supervise, these providers can usually cope with only a limited range of behaviour. Aside from personal commitment, there is little incentive for providers to accept children with extra needs. The day care branch in Saskatchewan reports that very few home providers apply for child development grants either to hire extra help or to purchase equipment.

The matter of licensing commercial centres has raised some eyebrows among advocates for better child care in Saskatchewan. Many fear that, without financial incentives, centres will have little interest in developing more expensive services, such as infant, rural and farm, Native and *special needs* child care.[89]

Discretionary decision making is also a problem where ambiguous standards of family "need" are weighed. For example, the New Brunswick government made a conscious decision in 1984 to design a program so families were allocated resources according to need, rather than receiving a fixed lump sum. Years later, in a period where resources are scarcer, different regional offices are cutting back on spending by making their own determinations about who is most in need and

which families are most at risk. The lack of uniform standards at the level of community services creates discrepancies and a sense of injustice at the way services are distributed.

The situation is made even less uniform because discretion responds to political pressure. Public servants who administer programs admit quite readily that the "noisier parents" are the ones who receive service. Parents driven out of sheer desperation and fury to write to their politicians also have been known to get responses. On occasion, ministry officials even suggest they need to hear from parents in order to add community pressure to their own push for program funding, expansion or approval.

The level of behavioural challenge the child presents to providers is another factor in discretionary decision making. The mother who wants to go out shopping for a couple of hours and needs someone to mind her son with Down syndrome generally has an easier time securing respite dollars and finding a babysitter than someone who is desperate with fatigue from giving round-the-clock care. Where the child is perceived as being too challenging, access to child care is denied rather than supports being secured to address those behavioural issues. One mother interviewed during the research uses an out-of-home respite program for two weeks every July so she and the rest of the family can take a summer vacation. She knows that her son will always be accepted by the program. "They like him. I know why. It's because he's easy. When he has nothing to do he will just sleep all the time. But I know for a fact they've refused a number of families whose children

have behaviour problems or need to be listened to for 24 hours a day. They've refused to provide after-school care too, claiming they don't offer a babysitting service."

Progress toward inclusion has been made over the past 10 years, but a close look is necessary to identify real advances. Many centres claiming to offer integrated programs are including children whose disability is a speech and language delay and who require relatively minor adjustments to the overall program operation.

The fact that there are no regional consultants from the Nova Scotia Ministry of Community Services to provide support leaves the day care director to handle all additional paper work. This includes devising individual program plans for children and providing staff training to increase the familiarity of staff with issues of integration. All these issues must be addressed on top of the regular demands involved in running a day care centre. Even if a centre is inclined to be inclusive on moral grounds, inadequate funding is a further obstacle. What is the incentive for such centres to integrate?

In Alberta the Brassard Report identified a conflict of interest built into the eligibility determination process. Under the Handicapped Children's Services Program, the same case worker who is responsible for developing a child's service plan is also responsible for decision making about the allocation of financial resources. There are system pressures to contain costs, and the report argued that these functions should be conducted separately.[90]

Parents want fair and equitable distribution, not the subjective discretion of individuals who grant approval.

They insist services must be broadly advertised and readily available for every family caring for a child with a disability, not only for those who find services by luck, accident or political pressure. They want responsive services and control of the funds to purchase whatever service they choose.

Cost

As well as inadequate supply, restrictive criteria and system discretion, the often prohibitive cost of licensed child care blocks access for many children and families. Parents are primarily responsible for paying for child care. Parent user fees are the major source of revenue for child care programs, which survive only if there is sufficient enrollment to cover bills, staff salaries and the cost of supplies and food.

However, the financial burden related to disability is an issue for many families. There are the extra costs associated with the extended use of diapers, the need for specialized equipment and the time off work to attend the countless appointments arising from the disabled child's greater tendency towards illness. These financial strains eat into the family's budget and whittle away dollars that might otherwise be available for child care. Families' access to services is affected in the balance.

There are variations in the costs of care depending on the numbers of hours of service provided and the ages of the children: younger children require more staff time and therefore cost more; school-age children require less staff time. In large urban areas, for example, infant day care (three months to 18 months) in a licensed high quality centre can cost over $8,000 a year per child.

AVERAGE MONTHLY FEES FOR A THREE-YEAR-OLD AT LICENSED CENTRES ACROSS CANADA (1992 FIGURES)[91]

British Columbia	$427
Alberta	$348
Saskatchewan	$328
Manitoba	$348
Ontario	$550
Quebec	$383
Nova Scotia	N/A
New Brunswick	$327
Prince Edward Island	$375
Newfoundland	$360
Yukon	$450
Northwest Territories	N/A

Low income families that qualify as needy enough under the Canada Assistance Plan (welfare), where their need is "proven" (through an income test or a needs test), may have some or all of their day care fees subsidized. This is done through a cost-sharing arrangement between the federal and provincial governments and, in some places, the municipal governments. Families seeking care for their child with disabilities are considered eligible for subsidies on the basis of disability alone. The cost of additional resources and equipment accrued by the day care centre in integrating a child with disabilities is not borne by families.

Some provinces, such as Ontario, provide subsidies to cover fees and place a ceiling on the fees for a subsidized space. The current minimum daily fee is $3 a family, from which people on social assistance are

exempt. A recent controversy erupted when Metro Toronto Council considered raising day care fees for families receiving subsidies. The outcry prompted a withdrawal of the plan that would have more than doubled the average family fee (from $2.88 to 7.17 a day) and introduced a minimum fee of $1 per day for all children, including children of parents receiving family benefits and general welfare.[92]

Some provinces, such as Saskatchewan, require parents to pay a minimal portion of the fees, regardless of income level. Other provinces, such as British Columbia, expect parents to pay the difference between the maximum allowable subsidy and what the centre actually charges for the program.[93] However, when fees increase but subsidies do not, licensed subsidized spaces go unused because low income families are simply unable to pay the difference.[94] Furthermore, eligibility tests to qualify for subsidies are stringent; often only the neediest families qualify and are still expected to pay a portion of their child care fees.

Rural families are experiencing particular difficulties with the cost of day care. Because "it was felt that the collective voice of rural families was not being heard in legislative circles,"[95] the Federated Women's Institutes of Canada conducted a national survey on the concerns pertaining to rural child care.[96] Problems in the area of child care have escalated with the farm crisis, which began in the 1980s and has seen increasing numbers of women move into the paid labour market to support the family farm. The survey found that many rural day care facilities were unsuitable for their children because the centres were ill-equipped. In addition, the expense

of child care on top of the costs related to disability was prohibitive. For these and other reasons, a majority of respondents to the Federated Women's Institute survey recommended that government assistance be allocated not to licensed child care facilities but to families. That way, parents could either stay at home to look after their own children or exercise more control in choosing an arrangement.[97]

Even as other provinces and territories are looking to emulate the way Manitoba has integrated its child care services, that province has recently undergone restructuring to cope with the recession. More families, hit by unemployment, are keeping their children at home. Winnipeg, with over half the population in the province, is experiencing less children in care in its core area. In the suburbs there has been a move away from child care centres towards more family day care.

One of the recommendations of the Manitoba Task Force pertaining to family day care was to give providers an incentive to take children with disabilities. These suggested incentives included training and support for child care staff, an increase in disability grants and counting one child with *special needs* as two spaces for funding purposes. If this development were to take place, home providers could fill in the gap in services for children with disabilities in the under-served rural and remote areas.

The Federal Child Care Expense Deduction is a measure that can help offset the costs of child care. However, a receipt is required and, in the case of private care arrangements, the care-giver's social insurance number is needed. Many care-givers providing

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unregulated child care do not declare their earnings for income tax purposes and do not provide receipts. Consequently, many families that would be eligible for a deduction do not actually claim it. Because 80 per cent of children are cared for by the friends, relatives, neighbours, nannies and babysitters constituting this informal, unlicensed sector, this problem affects a significant number of families. This is particularly so with families that, due to their child's disability, have no access to centre-based care or need a more flexible home-based arrangement to accommodate their child's needs. Costs to parents of services such as parental relief and respite services are not allowable deductions or credits, even with receipts.

Moreover, this system of credits and deductions, gives an upside-down benefit. Because it reduces taxable income, the value of the deduction increases as income increases, giving most benefit to those least in need.

TENUOUS LINKAGES TO RELATED SERVICES

Access to a means of transportation is a particularly significant issue in both rural and urban settings. For every child not attending a neighbourhood centre, transportation becomes a hurdle to participation. Children who attend specialized centres are, in some instances, picked up and delivered as part of the program; in others, staff might assist with arrangements and parents would be expected to cover the costs. A 45-minute drive to and from the day care centre is not uncommon in rural areas. Many families find the distance a deterrent. In order for her child to attend

a particular centre, one mother said she "did two hours of driving for a three hour program." The director of one particular integrated program consciously decided not to organize a bus to collect the children just so that parents would have the opportunity to meet one another in the centre.

In some communities the Children's Aid Society will pay for transportation by taxi. Service clubs may assist as well. Where child care centres are located within or beside community schools in rural areas, students can assist a child to travel on the regular school bus.

Frequent medical appointments are another issue. Many families must take their child to specialists and to undergo tests and treatment in hospitals, clinics and rehabilitation centres. Because these services are limited, they are most commonly delivered in large urban centres. The costs are significant for rural families both in terms of getting to appointments and taking time away from work. In the eastern provinces particularly, the cuts to VIA Rail have posed additional problems.

Child care program supervisors and managers know that the lack of comprehensive community services exists for a large number of children, not just children with disabilities. They can all point to children who have no label but who are clearly experiencing difficulties. They have suggested that solving problems for children with disabilities will solve problems for other children as well. These people have consequently tried to utilize a greater pool of resources in order to provide a more generic service. But to move away from targeting special populations, both policy and delivery mechanisms need to be reframed.

Until there is an adequate supply of community services equitably distributed across rural and urban areas, a publicly funded means of transportation is critical. Without transportation, children are simply unable to get to and from their programs and services. Buses and vans with specialized equipment for getting in and out or modified conventional vehicles may be necessary. The costs of delivering children to specialized programs far from their neighbourhood could be set against the costs of providing programs closer to home.

Inadequate Response to Need

Where parents of children with disabilities are able to gain access to child care, they are likely to find that programming does not meet their needs. This can be because the number of hours of available child care is inadequate or these hours conflict with other demands. This may also be because child care providers lack sensitivity to disability issues or cultural factors.

"There is a desperate need here for parents to have some choices," said a former day care director in New Brunswick. "There are no government start-up grants, the fees are too high and after-school care is a big problem. There won't be any change until there's a change in attitude that day care is not just babysitting."

As an example of responding to need, one of the recommendations of the Yukon Child Care Association

was that *special needs* should be determined by an independent board. Persons on this board would not be sought for their ability to establish a "diagnosis" but instead for their knowledge of ways to integrate a child into a centre or private home program. This board would also be able to determine whether an enhanced staff-to-child ratio were necessary and able to recommend to government the direct grant needed for each child.[98] However, in the Yukon, day care operators wanting to offer an integrated program shy away from admitting children with disabilities because they know there would be no additional support.

Program Inflexibility

Program inflexibilities in both child care and support services are found across the country. Although many families in Alberta appreciate the financial assistance available under that province's Handicapped Children's Services Program, many lament the fact that relief services are both insufficient and inflexible. These concerns were heard so often that the Brassard Report recognized relief services as "the largest unmet need of families today."[99]

A problem arises in Nova Scotia day cares because at least four children with disabilities must be included on site before a centre can hire a resource specialist. The inflexibility of this arrangement discourages centres from including only one or two children, even though that might be a better mix. A small centre including four children with disabilities makes the integration overly visible.

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HOURS OF SERVICE:

The hours during which child care is available can present major problems. Families of children with disabilities often cannot get a full day of care. In some provinces, the typical day for a designated *special needs* child is less than a full day, whereas non-disabled children customarily attend for a full day (e.g., from 8 a.m. to 6 p.m. in B.C.). These limited hours reduce the integration experience. Not only do these arrangements reinforce several myths,[100] they also make it all but impossible for the children's mothers to work in the paid labour market.

In theory, families of children with disabilities in New Brunswick may receive up to 10 hours a week of child care service. Anything additional requires approval from a regional director. In reality, some families describe being reduced from a meagre five hours to two because, they claim, the department is concerned that too much support, such as having a support worker after school and a babysitter in the evening, will leave parents without enough time to spend with their son or daughter. Families resent regional ministry staff making these judgments about their lives and using these judgments to determine the hours of service the families should receive. In short, families often want more flexibility than systems allow.

OTHER INFLEXIBILITIES:

Program inflexibility takes other forms. Parents may prefer that their child did not nap during the day because it interferes with the child's bed-time. This need, however, may not be possible to accommodate

given staffing patterns at the centre.

Ontarian parents of children with high-care needs interviewed for this study indicated that, despite the existence of various programs to assist with child care, there are many barriers obstructing their children's participation. The Community and Social Services programs tend not to address the needs of those whose disability requires more intensive assistance — certainly not those who may require 24-hour supervision. Neither alone nor when stacked with services offered through the Ministry of Health do the programs fulfill the needs of such children or their families.[101]

A similar situation prevails in the Yukon. Little is available to parents whose children have challenging health care needs, leading to criticism that the new day care legislation is only for some children with *special needs*. Under the Home Care program, a respite provider may care for an ill child, but not for that child's sibling as well. Sometimes the local hospital is looked to for a needed break. Respite services are deemed critical because most people living in the Yukon do not have extended families nearby to call upon for help.

Lack of Support During Transitions

Many parents' first involvement with professionals may be with an early intervention worker. It would be hard not to respond warmly to someone who walks through the door with a bag of toys. The setting of worker and child playing on the floor with stuffed animals and colourful blocks enhances the development of a warm and trusting relationship.

But all too soon, according to many mothers, a series of disruptions begin: by the time the child is three years old programs and staff change. The transition to day care can be difficult, just as the transition to school will be difficult a few years down the road. Early intervention workers may continue to visit at the day care centre but by this time some mothers are starting to burn out. "An Individual Program Plan is one thing, but I am having real trouble doing the programs at home demanded by all those professionals," said one mother. "I just want to feed my child, read to my child and I'm trying very hard to love my child."

If a positive experience with integration can empower parents, trained child care staff must recognize the delicacy of transitional stages. Currently, the additional resources children will always need are more closely tied to the special education system than the regular system, so many families soon find themselves up against a wall when they demand integrated schooling. One social worker runs groups for such parents because, in her experience, parents seem to bottom out when their children leave preschool or kindergarten and go into the school system. This is mainly because parents do not find the same kind of support available to them as their children enter school.

THE NEED FOR GREATER SENSITIVITY TO CULTURAL DIFFERENCES

One of the greatest challenges presented by the increasing diversity of Canadian society is the response of human services to families with cultures, languages and experiences different from the dominant culture in

Canada. Certainly for those who work with young children, greater appreciation of cultural differences as well as individual differences is in high demand.

The Anglo-American culture is characterized by independence, a belief in one's ability to control one's environment, positive change and a direct approach. Many practices and programs serving young children are predicated on these values, including the practices of helping children eat, walk and play more independently and encouraging active parental participation. This is clearly the very foundation for early intervention and individual program plans for children with disabilities. Parents are expected to take a significant part in setting goals. The cultural viewpoint of middle class, English-speaking Anglo-Saxons is reflected at many other turns: the assessment instruments used to identify the child; the development of the individual plan; the goals established; and the implementation of the program.

By contrast, other cultures may stress the social self over the individual and interdependence over independence. They may consider the direct approach intrusive and take an alternative view of the role of families. Reasons for the stress placed on early development by child care policy and programs may be elusive to people of other cultures and may require intensive explanation as to its value.

The communication gap created by language barriers produces many other stumbling blocks with wide repercussions. For example, the ability of a community worker to speak Punjabi would strengthen his involvement and enhance his positive impact on a

family from India. A lack of familiarity would greatly inhibit his effectiveness.

Yet interpreters are typically in short supply as are the funds to recruit them. Interpreters are more likely to be available to assist with subsidy application than to accompany day care staff to home visits. In those situations, families have no choice but to rely on an older child or a neighbour down the street, both inappropriate considering the confidential nature of the discussion.

The lack of interpretation services is a problem for many families. However, it is that much more significant when there is a child with a disability involved.

One Chinese family took their daughter to an English speaking doctor for an assessment. Not knowing English, the little girl didn't speak at all; consequently she was misdiagnosed and referred to a segregated centre where she remained for two years. When it was time to start school, staff helped her make the transition. She went into a regular class in her neighbourhood school.

In addition to problems created by language barriers, cultural diversity creates staffing issues. Although it is recognized by early childhood educators that self-esteem and a sense of self-worth is fostered by good role models, the process of hiring staff does not generally reflect this reality. Often the problem originates in the narrow spectrum of students wishing to work in the child care field and enrolling in training. If this narrow cultural base limits the type of people who provide child care services, it also has an impact on those who receive child care services.

Difficulties are ongoing because public policy in multiculturalism is not filtering down to families and children. Commitment on the part of government often does not translate into resources. This inhibits the ability of day care centres to offer multicultural programs. Inadequate pre-service and in-service teacher training renders teachers unfamiliar and uncomfortable with a multicultural approach. This is made worse by the sparsity of good curricula. A study of day care in Calgary found that non-profit centres were more likely to have materials promoting multicultural programming than were for-profit centres, and good quality centres were more likely to have these materials than poor-quality centres.[102] This relationship reappears when looking for centres best situated to promote the inclusion of children with disabilities.

It is essential that parents participate in the centre itself and in the re-design of policies and programs. Without this participation families will continue to encounter a multitude of problems with the child care system. Yet involvement can present major challenges for both parents and providers of child care. As one parent observed:

When the bureaucracy functions in a language other than your own, when you are asked to give out information that in your culture is considered private, when you are trying desperately to adjust overall to life in Canada, when you don't understand the system of child care delivery and subsidy, and when you are faced with the possibility of handing your child over to complete strangers (culturally, racially and linguistically) who don't understand your background or your desires or aspirations for your children, the requirements for adjustment can be overwhelming.[103]

The added dimension of disability makes the adjustment that much more difficult and the challenge of securing parental involvement in child care more complex.

In response, many families have gravitated towards formal services that are compatible with their own ethno-cultural or racial group. They seek service providers familiar with the child's background such as home care provided by a care-giver of a similar cultural background or specialized, segregated services where families expect more acceptance and tolerance. For some, the latter option may also represent hope of cure for their children's disability.

Centres that seek to involve parents peripherally, by hosting parent meetings or facilitating parent support groups, encounter problems. Moreover, centres that focus on problem solving (between parents and staff) are not likely to attract people who tend to save face and keep family and personal problems secret. In these situations, parent groups that provide information or teach skills tend to be better attended.[104]

Interesting approaches to child care programming that are respectful of cultural issues are being piloted in Canada's northern areas. For instance, the Northwest Territories' regulations concerning child care require that, as much as possible, care should reflect the cultural and ethnic backgrounds of the children. This is designed to help Northern communities in transition between the traditional lifestyle and the modern world. Three Native bands in the Yukon have taken over provision of their own child care. They constructed and now operate their own centres with funds provided by the Yukon

government as a key step towards self-rule. The Council for Yukon Indians has developed a culturally appropriate curriculum, in a series called *Showing the Way*.

Finally, child care often fails to address the needs of children and families because providers simply lack familiarity with disability-related issues. This is true whether child care services are delivered through formal, licensed, centre-based programs or through informal, unregulated home care. Many problems in this area, as well as in the area of sensitivity to cultural differences, result from providers having little or no access to training with a focus on such issues (see Chapter 5).

In summary, the supply of child care in Canada is not keeping pace with the demand. Because the supply is limited, eligibility criteria are often restrictive. Discretion can be used by program officers and officials to further reduce access. Children with disabilities are at a considerable disadvantage when it comes to overcoming those hurdles. In addition, poor linkages to other services that enable participation in child care, such as transportation, hamper access. Once families of children with disabilities do manage to secure access to child care, they often find that what is available does not address their needs. Program inflexibility, the lack of support during the child's transition to kindergarten, lack of sensitivity by child care workers to cultural needs and issues, and lack of staff awareness about disability are key problems.

chapter 5.

PLAYERS AND TEAMS: TRAINING AND PROFESSIONAL DEVELOPMENT

Families interviewed for this research pointed to the importance of effective training for child care providers. In their desire for quality child care — as opposed to custodial care — and for a safe and stimulating environment for their children, they clearly recognize that care-givers need a range of skills to meet the diverse needs of their children. They also indicated that the attitudes of professionals towards parents and their children are key to the suitability of services.

Licensed home day care programs supervised by agencies tend to have more resources and greater opportunities for staff training than those unsupervised by agencies. Resources and staff training are particularly

important when a provider accepts responsibility for a child with disabilities who needs a planned, structured learning environment. In contrast, most providers of unlicensed home day care do not have specific training in fostering children's development. Accordingly, the quality of this care arrangement has been described as "the great unknown in child care."[105] This chapter looks at issues concerning the training and professional development of child care workers and others who are involved with families of children with disabilities.

THE TRAINING OF CHILD CARE WORKERS

Teacher training is of the utmost importance in program quality. Given the changing face of child care, many people are asking what core and essential training early childhood workers should receive. The lack of personnel specifically trained in early childhood education is a major human resource problem. This is prompting a review of how well early childhood education is keeping step with training needs in the industry. There is also a review of other courses that child care workers might take to get necessary training.

The fact that child care workers undergo extra training to function as resource teachers suggests that expertise is required to work with certain children. It suggests that regular child care workers do not have the capacity to work with all children. This can create a hierarchy of specialists reminiscent of the special education model in the school system. The special

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resource room to which the resource teacher may remove her charge for individualized instruction, itself an increasingly frowned upon practice, also stems from this philosophy.

The quality of life for children with disabilities will be much further advanced when all their teachers have been trained in the values and practice of inclusion. However, opportunities to attend conferences and training events are more readily available to staff who already have training in this area and less available to regular day care staff. As one leader in the field suggested, "If we really believe in integration we don't make integration an add-on but a core part of the basic training."

People in all facets of child care commented on the lack of well-rounded training. One student said, "When I came out of college I was such an idealist. I thought integrated day care would solve everything. But you know what? Those problems the families are facing will be there for the rest of their lives. No one explained to me their struggles. I really need more skills working with families." Another student commented, "I didn't learn anything at college about how to work with co-workers or how to compromise."

According to an agency director, "Every early childhood education [ECE] program should include training in the skills necessary for working with children with special needs because all centres have children undiagnosed or undetected for special needs. You don't need 'special needs' training, you need good ECE."

"There is a desperate need for people working in the field to be receiving regular in-service training," said

a college instructor. "The Ministry [of Community and Social Services] does not acknowledge this but we all know it's true."

And a child care program director added, "There are three critical areas that students with college diplomas don't know any thing about: caring for infants, working with families and administrative procedures."

These comments indicate the widespread awareness of a need for improvement in the training of child workers across Canada. Several provinces are actively reviewing their training programs and standards. There is considerable discussion about what the training components should include given the nature of the daily work to be done. In fact, there is even considerable ferment about what these employees should call themselves to accurately depict the work they do. The terms early childhood educator, child care worker, teacher and staff are often used interchangeably.

Currently there is a wide variation in provincial and territorial standards for the minimum training needed by staff for working with young children.

British Columbia

In licensed group day care centres in British Columbia, supervisors need one year of early childhood training. One staff person with each group of children must have completed one year of training; other assistants must be in the process of completing their early childhood program. In centres caring for infants and toddlers, or in centres in which more than 25 per cent of the children

have been identified as having disabilities, additional training certificates in Under Three and Special Needs are required. Unlicensed care-givers (caring for two children unrelated to them) are not required to have any formal training. Licensed family day care-givers (caring for up to seven children, including their own, of specified ages) are required to have a first aid certificate. School-age day care-givers must be "responsible adults" who have completed a course on the care of young children or have relevant work experience.

The provincial Task Force on Child Care, 1991, made several recommendations towards ensuring an adequate supply of trained staff in the province. Significant among these was the recommendation that the Ministry of Advanced Education, Training and Technology revise the ECE curricula to integrate introductory components on infants, toddlers and children with *special needs* as an integral part of basic training. The Task Force report suggested that typical children comprise only a portion of the children who require quality care. Therefore, the current specialized post-basic training was inadequate because it could not provide all child care workers with the exposure they needed to adopt inclusive approaches.

Alberta

Alberta's 1990 provincial policy, *Meeting the Need ... A Fairer, Better System for Albertans*, introduced a new staff training requirement. Previously, directors of

programs and other staff members did not need qualifications in early childhood education, and only one day care worker on the premises had to have a first aid certificate. "Lots of people in this province never thought you needed training to work with young children," commented a government day care officer.

The new training requirement stipulates that by September 1, 1993, all directors have a two-year ECE Diploma and that one in four day care workers have training equivalent to a one-year community college certificate in early childhood. All other workers will take a 50-hour orientation course.[106] However, the lack of consistent curriculum and the questionable standards for the 50-hour orientation course worry a number of child care professionals.

Those with a keen interest in integration are concerned that, despite Alberta's recent training emphasis, the area of *special needs* is not being addressed. This oversight is all the more worrisome because provincial policy makes no mention of children with disabilities and the revised legislation makes no mention of them either. In addition, staff in many day care centres are still inadequately trained to deal with the particular needs of children with disabilities and appropriate expertise is not always available to those providing care.

In rural areas, finding qualified staff is particularly challenging. Most students who leave these areas to attend college do not return upon the completion of their training.

Saskatchewan

In Saskatchewan the training of child care staff is now compulsory.[107] Whereas formerly there was a lack of requirements, now there is a 42-hour orientation course offered through the Saskatchewan Institute of Applied Science and Technology. This new requirement, introduced under the 1990 *Child Care Act*, is based on a recognition that the education of the child care worker directly affects the quality of care she will provide.

However, child care advocates are concerned that such a basic level of requirement sets an inferior educational standard for child care workers. The curriculum is not centrally regulated. Its quality fluctuates according to who gives it. Furthermore, the number of available course spaces does not satisfy demand. Those who live too far away to attend a regional college will be penalized because they will not be able to attend — unless a correspondence course is offered. Finally, it is unlikely that short basic courses will devote time to the issue of including children with disabilities. The Saskatchewan Child Care Association instead recommends as minimum a one-year certificate program that would incorporate the issue of *special needs*.

Manitoba

All child care staff in Manitoba are required to be at least 18 years old and to take first aid training. As of October 1988, supervisors were required to be qualified as Child Care Worker (CCW) III and have one year of experience, and all staff had to qualify as CCW II or

CCW III. The largest college providing training is currently strengthening the *special needs* elements in the basic level program. It is also developing inter-disciplinary specialization courses at the post-diploma level, including one in the area of *special needs* at the CCW III classification. This is a conscious attempt to enhance the quality of child care as well as to broaden career options for people entering the field in order to attract and retain them in greater numbers.

ONTARIO

The *Day Nurseries Act* in Ontario requires that all child care supervisors have a two-year diploma in early childhood education or the equivalent. In addition, one of the staff with each group must have an ECE diploma or equivalent. However, many child care professionals do not feel that a two-year ECE program adequately prepares them to work with families and children with disabilities. Course content in the area of *special needs* is reportedly not standardized across the province; in some areas the issue is one of consistency, in others there is inadequate training. In-service training, though encouraged by the legislation, is erratic and scarce as a result of costs associated with mounting the training sessions and hiring replacement staff while regular staff attend the training.

There is little financial incentive for child care staff to pursue additional educational opportunities. Professional development expenses are unlikely to be covered by employers and salary enhancements for newly acquired qualifications are unreliable.

Staff who have specialized training are called resource teachers or resource consultants. The number of teachers with this qualification are limited because post-diploma training is unavailable in many communities. Though the *Act* requires there be one resource teacher for every four handicapped children, there is concern in the community about the rigidity of this ratio. At the same time, several variations of the resource teacher model have evolved throughout the province.[108] Although some settings in the province use "non-qualified" personnel to provide additional hands-on support, there is inconsistency in funding, supervising and training these additional staff members. These assistants are not included in staff-to-child ratios.

The findings of an Ontario study on Supervised Family Day Care and the Special Needs Child[109] revealed that, even where care-givers are both willing and supported, they are not necessarily aware which children actually have disability-related difficulties needing extra attention. Although this attests to the similarities among children with and without disabilities, it indicates a lack of awareness that arises from an inadequate background on disability. It also shows how busy care-givers can become absorbed in basic supervision.

QUEBEC

Quebec's *Office des services de garde à l'enfance* (OSGE) requires that at least one staff member out of every three on duty in a day care centre have a college (CEGEP) or university degree in early childhood education or three years of experience plus a college

attestation degree or a university certificate in early childhood education. Training remains an issue, however. In the early days, the OSGE offered training to "sell" its integration initiative. The OSGE no longer provides training despite the recognition that upgrading is imperative. Many in the field look to CEGEPs as the natural source of training but suggest they should offer more than just a few hours on issues concerning disability.

Nova Scotia

Where there are four children with disabilities on one site in Nova Scotia, a resource specialist may be hired; where there are less than four, a travelling resource teacher may provide support. The training qualifications of these people must include the minimum requirement — a program in early childhood education or the equivalent — and an approved post-secondary program specific to the needs of children with disabilities. Although the issue of training for child care providers arose in the 1990 Round Table on Day Care, training for those providing non-specialist child care services to children with *special needs* did not make it onto the agenda.

In Nova Scotia's urban areas, centres do not have difficulty finding qualified staff, but they do have a problem keeping them. In rural regions the opposite is true; it is harder to find qualified staff yet once staff are hired there is little turnover.

New Brunswick

At present the only legislated training requirement in New Brunswick is first aid training. Staff must be at least 16 years old and must be supervised by primary staff members. Early childhood education is not required but training is available within the community college system in the Departments of Advanced Education and Training. The matter of training levels is currently under review by the Office for Childhood Services.

Many centres have a combination of untrained staff working for $5 an hour — with all the children they can handle — and the demands of regular children who frequently present emotional and behavioural challenges. This makes many centres reluctant to take on more children without additional resources. The Early Childhood Coalition Petite Enfance has recently received funding to launch a distance (i.e., correspondence) education project to provide specialized training to day care staff working with children with disabilities. The stated project goal is to support, encourage and implement inclusion. The first phase involves identifying the knowledge and skills required, followed by the development of an appropriate training module.

Prince Edward Island

In Prince Edward Island at least one full-time member in each program must have early childhood education and experience. Other staff must undertake 30 hours of training every two years. One staff person in each centre

must have first aid training. However, Holland College is the only post-secondary institution in P.E.I. offering a diploma in early childhood education and extension courses to meet the provincial requirements.

Newfoundland and Labrador

Training requirements for program directors of centres in Newfoundland and Labrador include a combination of post-secondary training and experience. Child care centres must employ at least one person with a minimum of one year's supervised work experience with preschool children or training in the preschool field. It is argued that any training in including children with *special needs* cannot even be discussed as long as basic child development is not being provided. "But until the legislation is changed," as one day care advocate suggested, "you have people running day care whose experience is that they are mothers."

Sometimes people on social assistance are hired as short-term one-to-one workers. This takes place under a program to help people get off welfare and qualify for Unemployment Insurance. However, this results in a rotation of workers for families as well as for day care centres. Sometimes families and centres would prefer not to have a one-to-one worker at all rather than constantly adjusting to changes in order to meet the ongoing demands of orienting and training a new person.

Northwest Territories

In the Northwest Territories child care centre staff are encouraged to obtain appropriate training but early childhood education is not required. Primary staff must be at least 19 years old; support staff may be younger but supervised by primary staff. A staff trainer has been hired by the territorial government. The need for an expanded training program in early childhood education, including the development of a northern curriculum, is an area where "much remains to be done" according to the 1990 Status of Women Report Card to the Government of the Northwest Territories.[110]

Yukon Territory

In recognition of the need for trained staff, the government of the Yukon convinced Yukon College to offer the part-time early childhood education course on a full-time basis, and introduced part-time courses in other centres. However, no formal education or training is required; there is only a minimum age specification of 18 years.

The high rate of staff turnover in the Yukon creates a need for constant training. At the same time, an investment in training is sometimes viewed as a "sunk cost" because so many people leave centres following their training.

Training requirements for child care workers, then, vary considerably across Canada. In some areas the training requirements and the available programs are minimal. In other areas well developed programs are

in place and child care staff are expected to complete various diploma programs. Some programs focus on children with *special needs* but this is not universally the case. Given the brief duration of most training programs, only limited attention can be devoted to issues concerning children with disabilities.

Over all, the child care training system has evolved piecemeal. The capacity of provinces and territories to fund training affects whether training will be available at all. Legislative or regulatory requirements affect whether there will be incentives for child care providers to take training.

The levels and standards of training vary. Individuals who do manage to secure training may face resistance and dismissive attitudes from other professionals who question the value of what they have learned. Where there is a requirement to train, it usually extends only to staff working in formal, licensed child care settings. As most child care in Canada is provided through unlicensed home day care, it is reasonable to assume that most providers have no training. It is also fair to assume that few providers have much understanding of developmental requirements and other needs of children with disabilities.

THE TRAINING OF SPECIALISTS

WORKING WITH OTHERS

The training of other professionals is also an issue. Children with disabilities require a variety of therapy

services. These are not always readily available. Waiting lists are common and rural areas are particularly underserved. Economies of scale and traditional professional practices have meant that therapy services have been delivered largely through centralized clinics. Because specialists have not been trained in a different approach, when they do serve child care centres they tend to remove children to a clinic to provide individual attention. Such practice in turn thwarts the inclusion of the child within the regular child care setting.

Specialists can also be disposed to consider themselves the "experts," often viewing the insight of family members and child care staff as less important or less valid than professional knowledge. Where specialists do hold this view, the collaboration that is needed for inclusion can be undermined.

In contrast, inclusive child care is facilitated when therapists provide consultation to day care staff who can then incorporate the child's therapeutic program into the daily program and activities. For example, many physiotherapy programs can be conducted in circle time using repetitive clapping and foot-stomping exercises to music. The words to songs are a useful basis for a speech program. The need to build better linkages between specialists and early childhood educators has direct implications for specialist training.

Attitudes and Sensitivity

You have to look to yourself and to each other. You can't depend on some professionals to provide emotional support to families when it is not their job. Anyway, they leave.

Most parents can remember meeting sensitive professionals who provided the kind of support they needed. They recognize when a professional has gone the extra mile to fight for services on their behalf or has simply been available to listen when the going has been especially tough. Parents recognize the difference between professionals who believe the best solutions emerge from a more collaborative approach and those who still feel the experts have all the answers. Moreover, a manager in an integrated hospital-based rehabilitation program reported that, in her experience, if the professionals asked a school for something they were more likely to get results than the parents. "I think it is unfortunate but we are better able to get the attention of the various government departments," she said.

However, professionals come under fire when parents get together. One parent interviewed during the research recounted the time she approached a treatment centre to find a physiotherapist for her son. "The first thing they did was make me fill out a 25-page questionnaire. I found myself answering questions about my mother and my husband's mother. Then, when I finally got through to a physiotherapist, she told me she would just drop by for a consultation from time to time. That's when I hit the roof. I screamed 'I want a program and I want you in here every week!'"

Parents share these stories among themselves when they need to laugh and for the sheer relief of being able to tell someone else what new horror has erupted. Doctors are sometimes praised. More often, however, they are criticized: "It's fantastic to be a great

neurosurgeon and really good in the operating room — but please, it's also important to be a human being."

A woman, described by her friends as a "good Christian, a very gentle, quiet woman but a fury when anyone comes between her and her child," described how the simple task of trying to get an appointment with a specialist sent her into a rage:

The doctor's receptionist called and said we should come in a month. At first I said, okay. Then I called back and said I didn't want it four weeks from now because that would mean four weeks to see him, then four weeks to see the next doctor and four weeks to see the doctor after that. That way it would take forever until I got to the bottom of my problem. I said if he didn't want to see me sooner I would call somebody else. He phoned back and told me to come in the next week. The thing is, there is such an urgency at this age. You want it now. You don't want to wait for it!

Such comments point to an underlying frustration. All parents who were interviewed in this research had negative experiences with professionals. They met physiotherapists who insisted on extensive home-based programs that the parents simply did not have time to implement. But because they felt guilty about not carrying through, the parents end up lying so as not to disappoint the experts. They encountered specialists whose attitudes smacked of disinterest at best and outright prejudice at worst. They were frustrated when professionals told them nothing was wrong with their child and that "he'll grow out of it." Whereas it may have encouraged them that perhaps there was nothing wrong, it was disquieting when they themselves began to sense a problem.

Some parents have learned how to "interview" a prospective paediatrician ("he's going to need a doctor for a long time and I need to know whether you are prepared to make that commitment"). One exasperated mother was driven to such a point of frustration that she felt her only recourse was to "fire professionals right, left and centre."

The ferment in the field is prompting some experts to seriously question the merits and shortcomings of past professional practices, particularly regarding specialized programming. One professional commented, "We, as specialists, have done a disservice to the community because we needed to create our own employment so we created the castle we are now trying to disassemble in order to sell it back to the same group of parents."

In summary, unless flexible, innovative and respectful services are provided to families based on empowerment and designed according to their needs, professional practices can hamper the inclusion of children with disabilities in the mainstream of Canadian society. New approaches to specialist training are required that will enable professionals to "hand off" knowledge and responsibility to those who interact with disabled children in inclusive settings on a daily basis. Training is also needed that raises professional awareness about the issues that families face, and that inculcates the principle of respectfulness towards children and parents.

chapter 6.

In a League of Their Own: The Toll on Women

Canadian families seeking child care for their children with disabilities face a number of serious obstacles. They are confronted by a system that lacks policy direction and is inadequately funded and fragmented. Access to services that are in place can be denied or hampered on a number of grounds — especially where children have disabilities. In addition, services may not correspond with the child's and the family's needs.

Within the day care system, if child care workers have received training at all, they will usually lack background on disability. And other professionals may not be entirely helpful. One mother represented the voices of many interviewed for this research when she identified a common thread in all their lives:

You know what the bottom line word is here? TIRED. Emotionally. Mentally. Physically. It is an uphill battle.

Although the provision of proper care and education is the responsibility of an entire society concerned about its future, the obstacles that prevent access to quality child care for children with disabilities fall with disproportionate weight on women. This chapter looks at the impact of present child care arrangements on Canadian women.

The birth of a child changes the life of any new mother. That change is more dramatic when a woman becomes the mother of a child with a disability. Change begins immediately, in hospital. Every family interviewed for this research has a personal story about how they were first told by their doctor. They also have stories about how family members responded — and about how that response contrasted with their expectations.

The sudden realization that there is much to learn, and quickly, is common among mothers of newly diagnosed infants. From that point on, it seems, other parts of their lives are put on hold.

Upon assuming responsibility for finding resources, women step into the traditional role of primary care-giver, with added dimensions. Suddenly there is a world of professionals to negotiate, reams of new information, conflicting advice and unbearable delays. There are regular and specialist medical appointments. Time must be spent with day care staff, respite workers and home care providers, helping them understand the child and the family.

Mothers find that when they take a stand and assert themselves on behalf of their children, people frequently respond in a condescending or intimidating manner. The system reacts negatively to women who step out of the

traditional passive role and begin to push back for the sake of their child. All too often, mothers hear professionals suggest that parents — particularly mothers — are "into denial" having "not yet come to terms" with the disability. Professionals may also intimate that the parents have "unrealistic goals" — they should not "expect too much of a handicapped child" — or that the entire family is "dysfunctional." Mothers' own abilities are called into question and, like their children, they become stigmatized. They are labelled "obsessive" or a "handicapped mother" when they demand second opinions, more appointments and suitable programs in their efforts to recognize potential in their children. They feel humiliated at being cast in the role of beggar for services, having to prove they can no longer cope in order get what they need. Many of these women are single parents and the system is particularly harsh on them.

Mother-blaming is often found in explanations of causes of mental handicap. Causes of mental handicap are still largely unknown but preventative warnings on cigarettes and alcohol contribute to the assumption of fault on the part of women who supposedly, in their weakness, indulge.

The system is even more insensitive towards mothers who themselves are labelled mentally handicapped.[111] Many such mothers find their services cut off because service providers question the ability of these mothers to understand what is going on. In other cases, day care spaces are lost because their children miss too many days.

Frequently, service providers are critical of the environments in which the mothers live and raise their children. Always lurking is the threat that their children will be taken away by child protection agencies. On the outside, it is important to appear, as one young mother said, "so gutsy and strong because nobody else will stand up for your child." But on the inside, "you are always questioning your own integrity. Did I say the right thing? Did I sound too aggressive?" Experience has taught many mothers the need for courage, confidence, a sense of self-worth and the capacity to be alert and question everything. As another mother told a group of parents, "It is easy to be intimidated; but they do not know your child. You can't do the job of a psychologist or an occupational therapist, but you are the professional of your child."

In addition to dealing with a myriad of professionals, reports and applications must be submitted for equipment and services. One mother indicated that the only time she could do this was after midnight when the house was finally quiet. Administrators attest to the fact that these applications are almost always signed by mothers, even though women are not, traditionally, the decision makers in the household. The results of an Ontario Child Health Study in 1983 indicated that mothers "almost always" provided the information about disability.[112]

Women sometimes find new careers developing from their advocacy for their own child. They begin to share their expertise and skills in speaking out with other families. This new role sometimes springs up quickly. One mother described how an off-hand remark

made one morning ("If there's anything you need please call") as she dropped off her child at day care led to a spot on the centre's board that very evening.

Women speak passionately about the balancing act involved in meeting the needs of their families. They point out that it always falls to mother to pull everything together and make everyone happy. Inevitably, mothers are responsible for carrying out stimulation or physiotherapy programs at home. They try to compensate other children for the extra attention demanded by their child with a disability, though seldom to anyone's satisfaction. If their own parents have difficulty accepting the situation, the stress and sense of isolation is further compounded by the disappointment that there will be neither emotional support for them nor a grandparent for their child.

These numerous responsibilities and pressures inevitably conflict with careers and jobs outside the home. Some children with disabilities tend to have more health problems than other children; the time off a mother needs decreases her chances of holding down a job. One mother described how she was forced to give up her job because she could not see straight from fatigue and found herself short-tempered with the customers she once enjoyed serving. She could not function during the day while caring for a child who did not sleep during the night. Another woman adjusted her working life to accept a night shift in order to accommodate her situation at home. Others indicated that they settled for jobs that allowed them flexibility but that were significantly less challenging than jobs they would prefer.

These problems are aggravated when they and their children are excluded from community child care programs. Sometimes an available space is so far from the family's neighbourhood that hours are spent driving back and forth. Frequently, a space for a child with a disability will only be available for a half-day, whereas for everyone else a full day is the expectation. This practice indicates the underlying belief that the purpose of child care for a child with a disability is to address his or her need for stimulation and socialization. The parent's need for child care in order to seek training or to work is strictly secondary.

Many mothers tell of being refused service because of the *special needs* of their children. Programs can be subtle in their inaccessibility, disguising discriminatory policies. For example, many centres only accept children who are toilet trained.

Whether discriminatory admission policies, physical inaccessibility or inadequate funding effectively bar children with disabilities from day care centres, the message from society is that mothers of children with disabilities do not (or should not) work. If they cannot or will not stay home, they have to put up with inadequate alternatives. This contributes to the vulnerability of their families. As one mother dared reflect: "Right now I am a homemaker. But if anything happens to me, I'm really stuck. I've got no disability pension. Who would take care of my son? My husband would have to quit his job. We'd have no more income." Similarly, if they were to divorce, poverty would almost certainly befall her.

Together, these factors restrict options and isolate

women caring for young children with disabilities. The sense of isolation takes many forms. One mother feels trapped at home with a young baby and a five-year-old son who cannot walk. It is only when her husband is home that she can get out. At other times she "goes into the bathroom, locks the door and has a two-hour bath."

A trip to the shopping mall can also be an isolating experience, as one mother describes:

I had to get used to being treated differently in public. People gawk and I gawk right back. Sometimes they actually walk up to me to say, 'What does he have?''Down syndrome,' I tell them. 'Will it go away?' they continue.'Yes,' I reply, to terminate the conversation. Then they go on to say, 'Oh he's probably a genius; he likely has a cure for cancer.' But you just accept their lack of education and understanding as uncertainty. They just have not shared the experience of raising a handicapped child.

Old friendships and diversions become casualties to the regime of daily life. Once pleasurable conversations about where to go on the next vacation suddenly ring hollow in view of more pressing demands. Organizing to go anywhere becomes a major accomplishment. Said one mother, "We never go anywhere so we never need a babysitter."

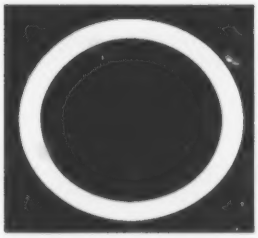
When mothers find one another, mutual support groups evolve.[113] Here, women trade stories about approachable social workers, sensitive pediatricians and ways to get around the system. There are those who feel it is incumbent on day care staff to foster the formation of parent groups for mutual support among parents of children with disabilities. Other women welcome the opportunity to expand their circle of

friends. They need to meet those who provide emotional support but they need contact with other mothers less weighed down by child care and in a position to take their child for the weekend.

The exclusion of children with disabilities from the community services that augment a family's care-giving capacity is shouldered by mothers. To them, the radical changes in women's roles and expectations of the last few decades do not apply. It is true that some women, diverted from their original careers, find new ones associated with disability rights organizations and advocacy movements. But most women do not find such external rewards; society simply presumes that the magnified child care responsibilities associated with disability are a natural extension of the work that women will always undertake.

chapter 7.

HOME PLATE: WHAT FAMILIES WANT



ver the past decade, parents, advocates and a growing number of professionals in the child care field have recognized the critical importance of children with disabilities gaining access to community settings where neighbourhood children gather to learn and play. In calling for the reform of segregated preschool programs, these people have been bolstered by countless other challenges to exclusion from education, employment, housing, transportation and social services for people with disabilities. Increasing awareness is lending growing momentum to their call for change. This is strengthened by innovative and creative attempts across the country to develop more equitable alternatives.[114]

These developments have taken place within the context of a general call for reforms to the child care system. Over the past few years, there have been many public discussions on either a national or a provincial/territorial child care strategy. Several key themes have continued to emerge. These themes have been articulated by government officials, child care advocates and researchers, as well as parents who know from their own experience what works best for them. Whether people are expressing concerns or demands, these themes represent a set of fundamental principles that underlie a system of quality child care. They represent standards against which legislation, programs and services can be measured.[115]

What would a more coherent national approach to child care look like — one that would include all children regardless of ability, ethnicity, income or gender? What would be the principles on which a new approach should be grounded? How does disability fit within the context of broader reform of the child care system in Canada? This chapter looks at these questions and maps out policy and program options.

COMPREHENSIVENESS

A comprehensive system of child care would mean that a full range of services would be available to meet the diverse needs of families and children in Canada. Elements of a comprehensive system would include infant care, group care in licensed centres and out-of-school programs. It would take into consideration the

evening or overnight demands of parents who work shifts. In addition, the design of programs would accommodate the needs of Native children, children of ethnic minorities and children with disabilities.

This would mean that the scale of provision would have to increase dramatically if a child care space were truly to be available wherever and whenever it was needed. Spaces would have to be available in a number of settings in order for families to exercise real choice.

ACCESSIBILITY

Accessible child care and family support services would mean services were available to all families seeking child care for their children (ages 0-12, or older in the case of disability) regardless of income, employment status, location in the province or territory, disability or cultural or linguistic background. Accessibility would entitle all children to care regardless of whether their parents were working or not, in the same way that education and health services are publicly provided regardless of employment status.

Accessible child care means child care for which children and families are actually eligible. This means doing away with means tests for subsidies, user fees, waiting lists and the discretionary decision making that effectively blocks many from gaining access to needed services. An important step towards revising eligibility procedures would be to sever the ties between child care and welfare funding.

In order to assure their accessibility, programs should be within reasonable geographic proximity to people's homes or places of work. Being able to send a child to a neighbourhood centre minimizes the time parents spend driving. For parents who neither drive nor have a private vehicle, this minimizes still other barriers.

Failing proximity, linkage to public transportation services becomes all the more crucial, especially for rural families. Currently, a half-hour drive each way for a two-and-a-half hour program is not uncommon. Reliance on tenuous voluntary transportation services for children with disabilities is too common.

Better linkages to related services is also essential, particularly if those services — such as therapy and medical services — are important to the health and well-being of a child. Without linkages to these services, the disabled child's participation in child care is placed in jeopardy. If these services cannot be made more widely available, effective transportation services are again all the more crucial.

Satisfying the principle of access would also require flexibility in order to respond to the diverse needs of families. It might mean part-time care before and after school or weekend or overnight care for parents who work nights or who travel. It could mean seasonal care in agricultural regions or culturally sensitive services for culturally diverse communities. It could mean accommodations in the physical environment and additional equipment for children with disabilities.

AFFORDABILITY

A further criterion of accessible child care is that it be affordable. Affordable child care would not depend on parent fees. Like health and education it would come with the rights of citizenship in Canada. Good child care is expensive, however, and massive public funding would be required if universal child care were ever to be realized. Direct grants from both federal and provincial/territorial sources will be necessary. It will be important to ensure that equally high quality child care is provided for children who live in the less affluent regions of the country.

QUALITY

All children and parents should have the right to high quality child care services that meet standards based on child development research. A number of components are essential to ensure quality, and standards must be established with relation to them. They include:

- adequate staff-to-child ratios to allow for frequent interaction between child and care-giver;
- limits on group size to encourage individual attention;
- a physical environment that enhances the well-being of children and staff;

- training requirements for staff in early childhood education to ensure stimulating and appropriate programming;
- provisions for health, safety and good nutrition;
- positive and accepting attitudes on the part of administrators and child care staff so that disability is not emphasized and children can be children first;
- safeguards that will protect the dignity and privacy of children (e.g., for children who must wear diapers, who have difficulty with toilet training or who require assistance with health care needs);
- inclusive programming that ensures children with disabilities are involved in activities with other children;
- measures to promote peer (social) interactions between disabled and non-disabled children;
- awareness on the part of child care staff about addressing the needs of children with disabilities within the context of the centre's regular curriculum (i.e., expertise at adapting curriculum to individual needs);
- clear and well communicated policy commitment to integrate children with disabilities.

Although sometimes described as elusive,[116] the principle of quality underlies everything. It presumes a drive to be creative and innovative in improving on existing programs. It also promises a willingness to serve any child whose family needs day care.

Parental Involvement and Family Support

The child care system must recognize that parents are the first and primary nurturers of their children. The choice of child care should be a parental right. Services must complement, support and enhance this role by creating opportunities for parental involvement. Parents must be involved in designing programs for their children, serving as board directors and participating as committee members. Local community groups must also have opportunities to be involved in the centre. Parent and community involvement ensures that decision making does not take place in a top-down manner by experts and professionals. It ensures more democratic decision making with input and discussion from a broader base.

Day care centres (home-based or centre-based) can also be an important focal point for families of children with disabilities, where they can meet one another. Day care programs should develop ways to arrange family-to-family connections as requested.

Training

Meeting the needs of a wide range of children in a quality setting requires skill and knowledge. Child care staff and providers must be trained and supported, and receive remuneration and benefits commensurate

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with the value of their work and qualifications. Formal training such as diploma programs are an important means of education. In-service training for centre staff and specialist consultations on the needs of individual children are equally important.

Students of early childhood education do not have to become social workers, counsellors or psychologists to learn about working with families. Yet they should have an understanding of key child development milestones and processes. They should be instilled with a basic respect for families and a capacity to recognize that families' needs change over time. They should be taught effective listening skills and skills related to building natural supports around children and families. They should also have a basic background of information on disability issues. Students of early childhood should be made aware that cultural differences exist and need to be taken into account. They should also understand where to go for more information on any topic in child care.

ACCOUNTABILITY

Parents and tax-payers should be assured of regular monitoring and financial accountability in day care. Licensing is the best way to make sure basic standards are met. Public funds should be used to support child care that promotes quality and financial accountability, and which involves parents and care-givers in collective decision making.

National Objectives and Standards

There is a need for clear national objectives stated in legislation. That is not to say there should be rigid national standards because programs or strategies that might work in Red Deer, Alberta, may not work best in Toronto. However, there has been a failure to enunciate regulations that operate across the provinces and territories to promote and enforce quality care. That failure has left the matter in the hands of individual bureaucrats, municipalities, professionals, service providers and advocates in the child care field to resolve as they see fit.

CONCLUSION

The United Nations Convention on the Rights of the Child has recognized child care as a major issue concerning children's rights. As a signatory to the Convention, Canada presented a report reviewing the state of its own children, entitled *Children of Canada, Children of the World*.[117] The report describes the situation concerning children with disabilities as a challenge still to be met:

A variety of programs have been established that support [children] in their daily lives, but not all their needs have been fully addressed. Although Canada supports a range of child care services, there are families whose child care needs are not yet adequately met.

Inclusive child care is gradually emerging in Canada; however, it is very much the exception and not the rule. In the absence of national leadership and a national

policy framework it is hard to imagine Canada living up to its particular commitment to children with disabilities under Article 23(1) of the UN Convention of the Rights of the Child to provide "conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community." Progress has been hampered by the way child care policy has been framed. Because disability has not been a major policy thrust in child care, the policies that have emerged may **permit** but generally do little to **promote** inclusion.

The delivery system is fragmented, coordination across government departments is problematic and in the poorer regions of the country the system is very much in its infancy. Generally child care is under-funded and federal commitment in this area has been eroding. In particularly short supply are those child care services needed by children with disabilities. As a result, all too often disability serves as an excuse for excluding children from child care. Furthermore, when services are accessible at all, they are often unsuitable to the needs of children and their families.

The pre-service training of child care providers varies radically from region to region. In many cases no training is assured. Where it is provided, there is no guarantee that graduates will have much background in disability. In-service training and access to consultation is further hindered by funding constraints.

As a result of these arrangements, caring for children with disabilities continues to weigh heavily on their mothers. Given that care providers are not at liberty to

enter the labour force, these families face economic disadvantages, ongoing stress and even crisis.

Yet families who have experienced quality integrated child care are convinced of its advantages. The policy options outlined in this study point a way out of the present situation towards one where more children have wider access to better child care. Audacious political leadership will be needed to push in that direction if Canada is to meet its international commitment and its obligations to Canadian families.

If reform does not take place, everyone stands to lose. Each child with a disability will continue to be denied a childhood enabling a good start in life, "right off the bat." Non-disabled children will continue to be denied opportunities to learn critical lessons: that every citizen has a rightful place in society; that diversity is an asset; that fear of difference is unnecessary; and that respect for all people is the basis of civilized life.

appendix

COMMUNITY AGENCIES AND THE TRANSITION FROM SEGREGATED TO INCLUSIVE CHILD CARE

Some local associations for community living operate segregated programs for children with a mental handicap. Associations operating segregated preschool programs are generally able to provide 100 per cent-funded spaces to parents in addition to transportation and access to consultants providing therapies. Such consultants are regularly available. However, they prefer to deliver therapy in one place rather than travelling from centre to centre as they would be expected to if children were attending their local neighbourhood centres.

Many associations for community living are in the process of rethinking the delivery of services to young children. In some cases the impetus to integrate comes from within the organization ("we ought to"). In some cases the impetus comes from outside, such as from government departments that rationalize services and attempt to avoid duplication while appearing to act upon the message from child care professionals that integration is desirable.

Some local associations have moved away from offering specialized preschool programs and instead have converted their resources and expertise to support generic programs that integrate. Other programs have opened their doors to include non-handicapped children from the community in an attempt to desegregate. Still other programs try to balance the inconsistency between what they say and what they do; they advocate for inclusion while continuing to operate special programs. Although people running segregated programs might admit "we have no business operating such programs," they recognize the problems of closing down: how could all parents using segregated day care be assured of finding spaces in the community; and what would happen to those children whose complexity of needs further limits their access to a day care system that is already under stress? Serving these children would be considered a stretch for most centres.

Associations for community living have always provided the "safety net" for parents who cannot get into community day care. If associations were to divest themselves of this role, there would have to be mechanisms built into the system to ensure that future

parents would be guaranteed access to day care. As one senior administrator suggested, even as his agency was reorganizing its children's services, "divestment has to have staying power." Divestment does not ensure continued access. A universal mandate would make the job easier. Local associations fear that by divesting themselves of their preschool programs they risk losing the membership of young parents who could be a new base of membership and future leadership.

There is no doubt that many families fear the prospect of integration. They can see the safe ground represented by specialized programs and know that children who are not well supported flounder. They have ambivalent feelings because while they want to believe in integration they worry about their child being lost in the crowd. Should they take what they perceive to be a risk? Day care centres usually propose a gradual phase-in. It is generally believed that this helps the centre get used to the child and vice versa, but it is perhaps as helpful in getting parents used to the idea. Agencies choosing to move away from segregated preschool programs have had to become engaged in a process of education and consultation with its membership.

This raises one issue that will not go away easily — the question of good specialization versus poor integration. In this transitional phase there are certainly examples of both. The case for integration and its benefits has been made. The challenge is learning how to do it well and how to refocus the delivery of services and funding. Paying regular fees or competing for subsidies for a community centre space deters some

parents. They feel some justification in receiving free service in a segregated preschool or child development centre, given the additional costs they face because of their child's disability. Free and organized transportation is attractive too, although if children were able to attend their neighbourhood centre, transportation would likely be less of an issue.

This transitional period is made more difficult by the lack of public knowledge and understanding about the importance of inclusive programming. Associations report repeatedly that when they transform preschool services, the community perceives that they have quit providing all services. Former referring agencies, especially medical ones, no longer call; eventually, referring agencies even withdraw their representatives from association boards of directors. This affects the balance sheet. As one program director commented, "United Way thinks it's sexier to fund segregated programs."

Organizational questions also arise regarding staffing. If associations provide resource teachers to the community day care programs, whose staff are they? If attached to the association, is the teachers' continued affiliation stigmatizing for the child? If attached to the day care centre, are they affected by lower salaries, the ebb and flow of enrollments and job insecurity? These and other issues continue to confront associations for community living that attempt to shift towards more inclusive approaches to the provision of child care.

NOTES

1. Health and Welfare Canada, *Children of Canada, Children of the World*, Canada's national paper for the World Summit for Children, Ottawa, 1990, p. 72.

2. M. Friendly, L. Rothman and M. Oloman, *Child Care for Canadian Children and Families: A discussion paper*, presented at Canada's Children: The Priority for the 90s — A National Symposium, Ottawa, 1991, p. 9.

3. L.C. Johnson and J. Dineen, *The Kin Trade: The day care crisis in Canada* (Toronto: McGraw-Hill Ryerson, 1981).

4. See the Appendix for a discussion of the challenges to associations for community living that are moving in the direction of integrated programming.

5. I. Januario, P. Staton, A. Griffith and C. Price, *The "Latchkey" Family: Coping with the mismatch in work/school schedules* (Toronto: Ontario Institute of Studies in Education, 1989).

6. Survey conducted by Childcare Resource and Research Unit, University of Toronto. Reported in *The Globe and Mail*, January 21, 1992.

7. These services are not typically provided within an early childhood setting or by early childhood educators.

8. Legal and policy arrangements that frame the delivery of training for child care providers are discussed in Chapter 5.

9. L. Lind and S. Prentice, "Their Rightful Place: An essay on children, families and childcare in Canada," in *Our Schools/Our Selves*, 3(6), 1992.

10. National Council of Welfare, *Welfare in Canada: The tangled safety net*, Ottawa, November 1987. See also The Roeher Institute, *Income Insecurity: The Disability Income System in Canada*, North York, 1988.

11. R. Melchers, "The Cap on CAP," in *Perception: Canadian Council on Social Development*, Autumn 1990, 14(4), p. 19-23.

12. The Childcare Resource and Research Unit, *Child Care Information Sheet 1988*, section 2 (Toronto: Centre for Urban and Community Studies, University of Toronto, 1988).

13. H. Beatty, *Answers To Your Tax Questions For the 1990 Taxation Year* (Toronto: Advocacy Resource Centre For the Handicapped (ARCH), 1991).

14. British Columbia, Legislative Assembly, *Community Care Facility Act*, Chapter 57, 1979.
British Columbia, Legislative Assembly, *British Columbia Regulation 319/89* as amended to O.C. 1476/89.

15. *The Vancouver Sun*, "Provincial government's child-care initiative welcomed by workers," April 24, 1992.

16. Alberta, Legislative Assembly, *Social Care Facilities Licensing Act*, Chapter S-14, 1980. As amended. Alberta, Legislative Assembly, *Alberta Regulation 144/81* as amended to Chapter S-14.

17. *The Toronto Star*, "Profit motive, good day care incompatible", May 27, 1988. See also C. Bagley, *Daycare in Alberta: A review, with national implications*, paper presented at the Sharing Our Future Conference, Ottawa, 1986.

18. Commissioned by the Ministry of Community and Social Services, author Sharon West examined 431 full-day child care centres in Metro Toronto. She found that more than 50 per cent of the commercially operated centres had a violation of standards as compared with 15 per cent of the non-profit centres.

19. Operating since 1974, the Integrated Day Care Program originally fell under the auspices of the (then) Services for the Handicapped Branch, Alberta Social Services and Community Health. In 1984 policy and program responsibility was transferred to

Community Day Programs (formerly Day Care Branch) along with the budget in 1985. However, there has been no alignment of program thrust and delivery systems between the Integrated Day Care Program and Community Day Programs.

20. M. Read and A. LaGrange, *Those Who Care: A report on approved family day home providers in Alberta* (Red Deer: Health and Welfare Canada, August 1990).

21. A. Mills, *Making It Work: Integrated out-of-school care in Edmonton* (Edmonton: Alberta Community and Family Services, 1992).

22. Saskatchewan, Legislative Assembly, *An Act to Promote the Growth and Development of Children and to Support the Provision of Child Care Services to Saskatchewan Families* (Bill 95), 1990.
Saskatchewan, Legislative Assembly, *Saskatchewan Regulation 213/75* as amended to Bill 95.

23. Manitoba, Legislative Assembly, *The Community Child Day Care Standards Act*, Chapter C-158, 1982. As amended.
Manitoba, Legislative Assembly, *Manitoba Regulations 23/87, 62/86 and 148/83* as amended to Chapter C-158.

24. L. Mills, *Support to Families with Disabled Children: Integrated Day Care for Children with Special Needs*, presented at the American Orthopsychiatric Association Annual Meeting, New York, April 1989.

25. Ontario, Legislative Assembly, *The Day Nurseries Act*, Chapter 72, 1978. Amended 1980, Chapter 111; 1984, Chapter 55, s.215; 1987, Chapter 4, s.12.
Ontario, Legislative Assembly, *Ontario Regulation 760/83* as amended to O. Reg. 143/88.

26. The province covers 100 per cent of the costs for children over five years of age.

27. Ministry of Community and Social Services, Day Nurseries Branch, *Policy Manual for Children with Special Needs*, Toronto, 1978, p. 1.

28. Ministry of Community and Social Services, *Day Nurseries: Proposed Standards and Guidelines*, Toronto, February 1980.

29. Zanana Akande, then Minister of Community and Social Services, in a speech to the Private Home Day Care Association of Ontario, reported in *The Toronto Star*, October 24, 1990.

30. Quebec, Assemblée Nationale, *An Act Respecting Child Day Care*, Bill 77, 1979. As amended.
Quebec, Assemblée Nationale, *Quebec Regulation 115/44* as amended to R.S.Q., c/s-4.1.

31. A. Rodier, "The First Step Towards Integration" in *Integration*, l'Office des personnes handicapées du Québec, January 1992.

32. The Childcare Resource and Research Unit, *Child Care Information Sheets*, (Toronto: The Centre for Urban and Community Studies, University of Toronto, 1990).

33. Rodier, "The First Steps," 1992 (see n. 31).

34. Nova Scotia, Legislative Assembly, *Daycare Act and Regulations*, Chapter 6, 1980. As amended.

35. New Brunswick, Legislative Assembly, *Child and Family Services and Family Relations Act*, Chapter C-2.1, 1980. As amended.
New Brunswick, Legislative Assembly, *New Brunswick Regulations 81/132* as amended to O.C. 81/659; 81/133 to O.C. 81/660; 81/134 to O.C. 81/661; and 83/85 to O.C. 83/457.

36. *The Globe and Mail*, "Kindergarten plan set," October 12, 1990.

37. Prince Edward Island, Legislative Assembly, *An Act to Provide for the Regulation and Licensing of Child Care Facilities*, Chapter C-5, 1974. As amended.
Prince Edward Island, Legislative Assembly, *Prince Edward Island Regulation* as amended to Chapter C-5.

38. Prince Edward Island, Department of Health and Social Services, *Guiding Principles for the Development of Child Care Services*, revised, February 1990.

39. Ibid, p. 9.

40. Ibid, p. 19.

41. Prince Edward Island, Department of Health and Social Services, *Direct Funding Program for Child Care Facilities*, April 1990.

42. Newfoundland, House of Assembly, *An Act Respecting Day Care and Homemaker Services*, Chapter 67, 1975. As amended.
Newfoundland, House of Assembly, *Newfoundland Regulation 219/82* as amended to O.C. 979/82.

43. *Day Care and Homemaker Services Regulations*, 1982, under *The Day Care and Homemaker Services Act*, 1975, 8.

44. Newfoundland and Labrador, "Direct Home Services Program: Early Intervention with Developmentally Delayed Infants and Preschool Children" in *Program Description #4*, July 1988. See also The Roeher Institute, *Making A Difference, Volume 2: The Well-Being of Babies and Young Children*, North York, 1986.

45. Northwest Territories, Legislative Assembly, *An Act Respecting Child Day Care Facilities: The Child Day Care Standards and Regulations*, 1987.

46. Government of the Northwest Territories, *Child Day Care Manual, Regulation 25 and Guidelines*, 1987.

47. Yukon, Legislative Assembly, *Child Care Act*. Bill 77, 1990. Yukon, Legislative Assembly, *Family Day-Home Regulations and Day Care Centre Regulations*, O.C. 1986/29.

48. P.V. Schultz, "Day Care in Canada: 1850-1962", in K.G. Ross (ed), *Good Day Care: Fighting for it, getting it, keeping it* (Toronto: The Women's Press, 1978).

49. Interview with Dr. Alan Pence, University of Victoria, B.C., October 1990.

50. S.D. Phillips, "Rock-A-Bye Brian: The National Strategy on Child Care", in K.A. Graham (ed), *How Ottawa Spends 1989-90: The buck stops where?* (Ottawa: Carleton University Press, 1989).

51. H. Bates, *Special Needs Children and Child Care Services*, prepared for the Task Force on Child Care, Ottawa, December 1984.

52. K. Cooke, *Report of the Task Force on Child Care* (Ottawa: Ministry of Supply and Services, 1986). The Task Force recommended federal leadership in developing a comprehensive system of publicly funded, high quality, universally accessible, non-profit child care.

53. Judge Rosalie Abella, Commissioner, *Report of the Commission on Equality in Employment* (Ottawa: Ministry of Supply and Services, Canada, 1984), p. 192.

54. *The Globe and Mail*, "Budget hits a key plank of social policy," February 27, 1992.

55. *The Vancouver Sun*, "Provincial government's child-care initiative welcomed by workers," April 24, 1992.

56. Manitoba Child Care Task Force, *The Report of the Manitoba Child Care Task Force*, Winnipeg, March 1989.

57. Ministry of Community and Social Services, Day Nurseries Branch, *Policy Manual for Children with Special Needs*, Toronto, 1978, p. 1.

58. Ministry of Community and Social Services, *Day Nurseries: Proposed standards and guidelines*, Toronto, February 1980.

59. P. Pomeroy, *Integration of Children With Special Needs in Licensed Day Nurseries: A telephone survey*, a report of the Integration Task Force of the Day Nursery Sector, Niagara Children's Services Committee, April 1988.

60. There were communities which sensed that although the message from corporate level regarding integration was not all that clear, at the grass roots that it was prestigious to be involved in integration; parents and advocates were able to play on that.

61. "Child Care Strategy" announced by The Hon. Jeannie Marie-Jewell, Minister of Social Services, Government of the Northwest Territories, February 14, 1989.

62. National Council of Welfare, *Child Care: A better alternative*. (Ottawa: Ministry of Supply and Services Canada, 1988), p. 27.

63. Parents are not usually in a financial position to cover the additional costs of supporting their children with disabilities in child care through user fees.

64. Karyo Communications Inc., *Caring for a Living: A national study on wages and working conditions in Canadian child care*, conducted for the Canadian Child Day Care Federation and the Canadian Day Care Advocacy Association, Ottawa, June 1992.

65. G. Cleveland, *Provincial Day Care Subsidy Systems in Canada: A background document*, report prepared for the House of Commons Special Committee on Child Care, Ottawa, 1987.

66. Families are eligible for full day care subsidies if the combined net (after tax) income of the parents is less than a certain figure, called the "turning point income." (Saskatchewan uses the adjusted gross income, not net income.) If a family has an income higher than the turning point, it may still be eligible for a partial day care subsidy. In this case, the net family income must be less than the "break-even income" level. The break-even level (also called the break-even point) generally depends upon the price of the day care service used. Typically, a family in full day care subsidy has all its day care costs covered (or at least all its costs up to a maximum which may be set by the province/territory). Families with higher income levels may still receive assistance but a portion of each dollar of the family income above the turning point must be contributed to the cost of day care. In many provinces and territories 50 cents of every dollar must be contributed. These provinces or territories have a 50 per cent "tax-back rate."

67. The maximum was set at a 5 per cent increase per year for two years; in 1991 the two years were extended for another three years (the time was extended to a total of five years). The three provinces challenged the federal government in court, claiming that the changes did not represent responsible fiscal restraint, as the

government argued, but an actual violation of the 1966 *Act*. Although this claim was successful at the provincial court level, it was not upheld federally. In August 1991 the Supreme Court of Canada ruled in favour of the supremacy of Parliament and its ability to change this 25-year-old federal/provincial agreement.

68. *The Toronto Star*, "Day-care fee hike has parents frantic," March 12, 1992.

69. D. Roper and D. Cartan, *Presentation on the Ontario Government's Special Services At Home Program*, Conference of the Ontario Association for Community Living, May 1991.

70. B.C. Ministry of Social Services, Community Support Services Division and Research, Evaluation and Statistics Branch, *Special Needs Day Care Program: Report on Survey Results*, Victoria, April 1992.

71. Do the needs of such children fall within the responsibilities of ministries of social services or health? A health home care worker will likely attend only to the medical needs of the child so the mother cannot nap or leave the house. A social services worker will care for and stimulate the child but will probably not assume responsibility for nursing needs such as monitoring a feeding pump or changing a dressing. Either way the family does not get what it needs.

72. Continuing Care Committee, Metropolitan Toronto District Health Council, *Report of the Task Force on the Continuing Care Needs of Children who are Technology-Dependent and Their Families*, January 1991. See also: T. Norton, *Centre and Staff Needs Assessment, Focus: The integration of children with exceptional health care needs*, Fraser North Childcare Issues Society, B.C., 1990.

73. Figures for Statistics Canada, monthly employment data for September 1989.

74. H. Clifford, "Child Care in Canada — 1990," *Vision*, Vol. 10 (April), p. 9.

75. Royal Commission on the Status of Women in Canada (Ottawa: Information Canada, 1970).

76. Data collected for the National Child Care Survey, completed in 1992, may shed light on the problem of inadequate supply. The study, co-directed by Donna Lero, University of Guelph, and Alan Pence, University of Victoria, took four years and included one out of every 90 Canadian families. The introductory report found a startling variety of child care needs facing Canadian families. Research reports are being released in stages and analysis related to the data for disability is not yet available. Three questions on the survey sought information on the identification of long-term conditions or health problems among children younger than 13 in the family and the effects, if any, on the family's labour force participation and the use of child care arrangements.

77. British Columbia Task Force on Child Care, *Showing We Care: A child care strategy for the 90s*, January 1991. See Table 1: Summary of Provincial and Territorial Child Care Programs for Special Needs Children, November 1990.

78. Alberta Social Services, *Policy Issues in the Alberta Integrated Day Care Program: Community day programs*, November 1986.

79. British Columbia Task Force on Child Care, "Provincial Childcare Information Sheets," in *Showing We Care*, January, 1991.

80. S. Chapman, *The Child Care Story: The struggle, the reality, the vision* (Saskatoon: Saskatchewan Child Care Association, 1991).

81. B.C. Task Force on Child Care, *Showing We Care*, January 1991.

82. *The Toronto Star*, "Day-care officials shocked by cut of up to 700 spaces," January 31, 1992.

83. *The Globe and Mail*, "Quebec raps Ottawa in family feud," April 14, 1992.

84. J. Stone and A. Steinbach, *The Children's Services Review Project* (Fredericton, N.B.: New Brunswick Association for Community Living, May 1991).

85. Yukon Association for Community Living, *Helping Yukoners Support Family Members with Disabilities: A study of respite care needs and options*, 1990.

86. M. Friendly, L. Rothman and M. Oloman, *Child Care for Canadian Children and Families*, 1991 (see n. 2).

87. Centres can secure specialized child care status if over 25 per cent of children have special needs.

88. It is expected that this situation will change. As explained by a departmental official, although this approach is reflective of child welfare protection, it has been the only way the department could protect itself and the care-givers. "Here we wanted a new service for a new group of children for entirely different reasons [than child welfare protection] and it has taken a long time to develop a new way of doing that; it has taken longer to change than it should have."

89. Chapman, *The Child Care Story*, 1991 (see n. 80).

90. R. Brassard, *Claiming My Future*, A Review of Services to the Mentally Handicapped, Ministry of Social Services, Alberta, 1989.

91. The Childcare Resource and Research Unit, *Child Care Information Sheets, The Provinces and Territories* (Toronto: The Centre for Urban and Community Studies, University of Toronto, 1992) (in preparation).

92. *The Toronto Star*, "Day-care fee hike has parents frantic," April 11, 1992.

93. B.C. Task Force on Child Care, *Showing We Care*, January 1991 (see n. 79).

94. Chapman, *The Child Care Story*, 1991 (see n. 80).

95. Health and Welfare Canada, *The Rural Child Care Survey Project*, a report by the Federated Women's Institutes of Canada, Ottawa, 1990.

96. Mothers of children with disabilities were among those surveyed.

97. Health and Welfare Canada, *The Rural Child Care Survey Project* (see n. 95), p. 13.

98. Yukon Child Care Association, "The Challenge of Sharing the Caring," submission to the Green Paper, *Let's Talk About Child Care*, June 1988.

99. Ibid, p. 21.

100. i.e., that typical children need a break from integration; that children with disabilities cannot take a long day; that they do not need day care — their parents only need respite and five hours ought to be sufficient.

101. Catherine Mather and Associates Consultants Inc., *Services for Persons with High Care Needs Living in Ontario*, for the Ministry of Community and Social Services and the Ministry of Health, Province of Ontario, November 1990.

102. B. Friesen and J. Friesen, "Multiculturalism in Daycare: An Exploratory Study" in *Multiculturalism*, XIV(2/3), 1992.

103. House of Commons Special Committee on Child Care, "Child Care Needs of Cultural Minorities," prepared by K. Mock, Ottawa, 1986, p.5.

104. City of Toronto Department of Public Health, *The Chinese Community in Toronto,* Health Promotion and Advocacy Section, 1989.

105. Johnson and Dineen, *The Kin Trade,* 1981 (see n. 3).

106. Because staff are increasingly better qualified, the staff-to-child ratios for infants have been reduced from one to three (1:3) to one to four (1:4) to help operators keep fees down.

107. Saskatchewan, Legislative Assembly, *An Act to promote the Growth and Development of Children and to Support the Provision of Child Care Services to Saskatchewan Families* (Bill 95), 1990. Saskatchewan, Legislative Assembly, *Saskatchewan Regulation 213/75* as amended to Bill 95.

108. E. Frankel and C. Moher, *The Resource Teacher Model in Integrated Children's Centres in Ontario,* (Toronto: Ryerson Polytechnical Institute, 1987). See also J. Blaxall, M. Goodmurphy and M. Pollard, *Pre-School Integration Project for London and the Six Surrounding Counties* (London, Ontario: Association for Early Childhood Education, 1991).

109. J. Albert, C. Wihak and S. Woolner, *Supervised Family Day Care and the Special Needs Child,* School of Social Work, Carleton University, August 1981.

110. NWT Advisory Council on the Status of Women, *Report Card*, Yellowknife, March 1990.

111. N. Walton-Allen and M. Feldman, *Perception of Service Needs by Parents Who Are Mentally Retarded and Their Workers*, (Toronto: Surrey Place Centre, 1990).

112. M. Boyle, "Child Health in Ontario" in R. Barnhorst and L. Johnson (eds), *The State of the Child in Ontario*, for the Child, Youth and Family Policy Research Centre (Toronto: Oxford University Press, 1991), p. 102.

113. The Roeher Institute, *The Power of Positive Linking: How families can empower people who have a mental handicap through mutual support groups*, North York, 1989.

114. S. Irwin, *Integration of Children with Disabilities into Daycare and Afterschool Care Systems*, prepared for Health and Welfare Canada, Ottawa, 1992.

115. See K. Cooke, *Report of the Task Force on Child Care*, (Ottawa: Ministry of Supply and Services, 1986); Task Force on Child Care, *Special Needs Children and Child Care Services*, (Ottawa: Ministry of Supply and Services, 1984), Canadian Day Care Advocacy Association, *Proposed National Child Care Objectives*, November 1987; Yukon, Health and Human Resources, *Working Together: A child care strategy for the Yukon*, Whitehorse, January 1989; Chapman, *The Child Care Story*, 1991 (see n. 80); Friendly, *Child Care for Canadian Children and Families: A Discussion Paper*, 1991 (see n. 86).

116. Lind and Prentice, "Their Rightful Place," 1992 (see n. 9).

117. Health and Welfare Canada, *Children of Canada, Children of the World*, Canada's National Paper for the World Summit for Children, Ottawa, 1990.

BIBLIOGRAPHY

Alberta. Family and Social Services. *Meeting the Need: A fairer, better system for Albertans.* Edmonton, 1990.

Alberta. Social Services. *Policy Issues in the Alberta Integrated Day Care Program.* Edmonton, 1986.

Albert, J., Wihak, C. and Woolner, S. *Supervised Family Day Care and the Special Needs Child.* Ottawa: School of Social Work, Carleton University, 1981.

Association Multi-Ethnique pour l'Intégration des Personnes Handicapées du Québec. *The adaptation and social integration problems of handicapped people belonging to different cultural communities* (3rd ed.). Montreal: Association Multi-Ethnique pour l'Intégration des Personnes Handicapées du Québec, 1986.

Barnhorst, R. and Johnson, L. (eds). *The State of the Child in Ontario.* Child, Youth and Family Policy Research Institute. Toronto: Oxford University Press, 1991.

Bishop, P. *Child Care*. Toronto: Canadian Mental Health Association, 1989.

Blaxall, J., Goodmurphy, M. and Pollard, M. *Pre-School Integration Project for London and the Six Surrounding Counties*. London: Ontario Ministry of Community and Social Services, 1991.

Brassard, Roy. *Claiming My Future*. Edmonton: Government of Alberta, 1989.

British Columbia. Ministry of Social Services. *Special Needs Day Care: A discussion paper*. Victoria: Community Support Services Division, 1992.

British Columbia. Ministry of Social Services. *Special Needs Day Care Program Report on Survey Results*. Victoria: Community Support Services Division and Research, Evaluation and Statistics Branch, 1992.

British Columbia Task Force on Child Care. *Showing We Care: A child care strategy for the 90s*. Victoria: Ministry of Government Management Services and Minister Responsible for Women's Programs, 1991.

Browne, N., Gallant, D. and Marfo, K. *Direct Home Services Program: Early intervention with developmentally delayed infants and preschool children in Newfoundland and Labrador*. St. John's: Department of Social Services of Newfoundland and Labrador, 1988.

Brynelson, Dana. *Historical Perspective on Infant Development Programmes in Canada*. Paper presented at the Atlantic Conference on Early Intervention: Current Issues and Future Directions, Halifax, NS, May 1990.

Canada. Commission on Emotional and Learning Disorders in Children (CELDIC). *One Million Children*. Toronto: Leonard Crainford, 1970.

Canada. Health and Welfare Canada. Children of Canada, Children of the World. *Canada's National Paper for the World Summit for Children*. Ottawa, 1990.

Canada. National Council of Welfare. *Child Care: A better alternative*. Ottawa: Ministry of Supply and Services Canada, 1988.

Canada. National Council of Welfare. *The 1992 Budget and Child Benefits*. Ottawa: Ministry of Supply and Services Canada, 1992.

Canada. National Council of Welfare. *Welfare in Canada: The tangled safety net*. Ottawa: Ministry of Supply and Services Canada, 1987.

Catherine Maher & Associates Consultants Inc. (CMAC). *Services for Persons with High Care Needs Living in Ontario*. Ontario Ministry of Community and Social Services and Ontario Ministry of Health, 1900.

Chapman, S. *The Child Care Story: The struggle, the reality, the vision*. Saskatoon: Saskatchewan Child Care Association, 1991.

City of Toronto. Continuing Care Committee. *Report of the Task Force on the Continuing Care Needs of Children who are Technology Dependent and their Families*. Metropolitan Toronto District Health Council, 1991.

City of Toronto. *Ethnocultural and Health Profiles of Communities in Toronto.* Toronto: Department of Public Health, 1989.

Cleveland, G. *Provincial Day Care Subsidy Systems in Canada: A background document.* Report prepared for the House of Commons Special Committee on Child Care in Canada, Ottawa, 1987.

Clifford, H. "Child Care in Canada - 1990." *Vision* 10 (April 1990).

Cook, R.E., Tessier, A. and Armbruster, V.B. *Adapting Early Childhood Curricula for Children with Special Needs* (2nd ed.). Columbus, OH: Merrill Publishing Company, 1987.

Cooke, K., Edwards, R., London, J. and Rose-Lizee, R. *Report of the Task Force on Child Care.* Ottawa: Ministry of Supply and Services Canada, 1986.

Chud, G. and Fahlman, R. *Early Childhood Education for a Multicultural Society.* WEDGE, University of British Columbia, 1985.

ESSE Networks Ltd. *Helping Yukoners Support Family Members with Disabilities: A study of respite care needs and options.* Whitehorse, Yukon: Department of Health and Human Resources, 1990.

Federated Women's Institutes of Canada. *The Rural Child Care Survey Project.* Ottawa: Health and Welfare Canada, 1990.

Fink, D. *School-age Children with Special Needs: What do they do when school is out?* Boston: Exceptional Parent Press, 1988.

Frankel, E. *Resource Teachers in Integrated Children's Centres: Implications for staff development.* Toronto: Ryerson Polytechnical Institute, School of Early Childhood Education, 1990.

Friendly, M. *Child Care Information Sheets: The provinces and territories.* Toronto: The Childcare Resource and Research Unit, 1990.

Friendly, M., Rothman, L. and Oloman, M. *Child Care for Canadian Children and Families: A discussion paper,* presented at Canada's Children: The Priority for the 90s — A National Symposium. Ottawa: the Canadian Child Welfare League, 1991.

Gartner, A., Lipsky D.K. and Turnbull, A. *Supporting Families with a Child with a Disability: An international outlook.* Baltimore MD: Paul H. Brookes Publishing Co., 1991.

Greene, B. *Canada's Children: Report of the sub-committee on poverty.* Standing Committee on Health and Welfare, Social Affairs, Seniors and the Status of Women. Ottawa: House of Commons, 1991.

Heald, S. and Dann, A. "Integrating Children with Special Needs" in *Liaison,* magazine of The Private Home Day Care Association of Ontario, 2(6), 1990, pp. 10-12.

Healy, A., Keese, P.D. and Smith, B.S. *Early Services for Children with Special Needs: Transactions for family support* (2nd ed.). Baltimore, MD: Paul H. Brookes Publishing Co, 1989.

Irwin, S.H. *Integration of Children with Disabilities into Daycare and Afterschool Care Systems.* Ottawa: Health and Welfare Canada, 1992.

Januario, I., Staton, P., Griffith, A. and Price, C. *The "Latchkey" Family: Coping with the mismatch in work/school schedules.* Toronto: Ontario Institute for Studies in Education, 1989.

Joe, Margaret. *Working Together: A child care strategy for the Yukon.* Whitehorse, Yukon: Health and Human Resources, 1989.

Johnson, L.C. and Dineen, J. *The Kin Trade: The day care crisis in Canada.* Toronto: McGraw Hill Ryerson, 1981.

Jones, M.L. *Family Care of the Multiply Handicapped Child: Its impact on Saskatchewan parents particularly the major caregiver.* A thesis submitted to the Faculty of Graduate Studies and Research, University of Regina, Saskatchewan, 1989.

Karyo Communications Inc. *Caring for a Living: A study on wages and working conditions in Canadian child care.* Ottawa: Canadian Day Care Advocacy Association and the Canadian Child Day Care Federation, 1992.

Lero, D., Pence, A., Shields, M., Brockman L. and Goelman, H. *Canadian National Child Care Study: Introductory report.* Ottawa: Statistics Canada, 1992.

Lind, L. and Prentice, S. "Their Rightful Place: An essay on children, families and childcare in Canada," in *Our Schools/Our Selves,* 3(6), 1992.

Lynch, E.W. and Hanson, M.J. *Developing Cross-Cultural Competence: A guide for working with young children and their families.* Baltimore, MD: Paul H. Brookes Publishing Co., 1992.

Manitoba. Family Services — Child Day Care. *Children with Disabilities Program Guide.* Winnipeg, 1990.

Martin, S. *Sharing the Responsibility: Report of the special committee on child care.* Ottawa: Queen's Printer, 1987.

Mills, A. *Making it Work: Integrated out-of-school care in Edmonton.* Edmonton: Alberta Community and Family Services, 1992.

Mitchell, Margaret. *Caring for Canada's Children: A special report on the crisis in child care.* Ottawa: House of Commons, 1987.

Mock, K.R. *Child Care Needs of Cultural Minorities.* Report prepared for the House of Commons Special Committee on Child Care. Ottawa: House of Commons, 1986.

Northwest Territories. Advisory Council on the Status of Women. *Position paper on the Child Care in the Northwest Territories.* Yellowknife: Women's Secretariat, 1988.

Norton, T. and Schom-Moffat, P. *Centre and Staff Needs Assessment: Focus — The integration of children with exceptional health care needs.* Fraser North Childcare Issues Society, 1990.

Norton, T. *Special Health Care: Recommended practices for the early childhood education field.* Vancouver: Karyo Communications, 1993.

Nova Scotia. Department of Community Services. *Integration of Special Needs Children in Day Care.* Halifax: Day Care Services, 1989.

Odom, S.L., and Karnes, M.B. (eds). *Early Intervention for Infants and Children with Handicaps.* Baltimore, MD: Paul H. Brookes Publishing Co, 1988.

Ontario. Ministry of Community and Social Services. *Children's Services Review Timmins District 1991-92 Report.* Timmins, ON: Children's Services Sub-committee, 1992.

Ontario. Ministry of Community and Social Services. *New Directions for Child Care.* Toronto: Queen's Printer for Ontario, 1989.

Ontario. Ministry of Community and Social Services. *Integrating Children Experiencing Special Needs in Day Nurseries.* Toronto: Queen's Printer for Ontario, 1988.

Pence, A. (ed). *Canadian National Child Care Study: Canadian Child Care in Context — Perspectives from the provinces and territories.* Ottawa: Statistics Canada, 1992.

Phillips, S.D. "Rock-A-Bye, Brian: The National Strategy on Child Care," in Graham, K.A. (ed). *How Ottawa Spends 1989-90: The buck stops where?* Ottawa: Carleton University Press, 1989.

Pomeroy, P. *Integration of Children with Special Needs in Licensed Day Nurseries: A telephone survey.* A report of the Integration Task Force of the Day Nursery Sector, Niagara Children's Services Committee. Niagara, ON: Ministry of Community and Social Services, 1988.

Prince Edward Island. Department of Health and Social Services. *Guiding Principles for the Development of Child Care Services.* Charlottetown, 1990.

Quebec. Minister Responsible for the Status of Women. *A Better Balance: Policy statement on day care services.* 1988.

Read, M. and LaGrange, A. *Those Who Care: A report on approved family day home providers in Alberta.* Red Deer, AB: Child Care Matters, 1990.

Report of the Commission on Equality in Employment. Judge Rosalie Silverman Abella, Commissioner. Ottawa: Ministry of Supply and Services Canada, 1984.

The Roeher Institute. *Making a Difference Volume 2: The well-being of babies and young children.* North York, Ont., 1986.

The Roeher Institute. *Quality Child Care For All: A guide to integration.* North York, Ont., 1992.

The Roeher Institute. *The Power of Positive Linking: How families can empower people who have a mental handicap through mutual support groups.* North York, Ont., 1989.

Ross, K.G. *Good Day Care: Fighting for it, getting it, keeping it.* Toronto: The Women's Press, 1978.

Smith, C. *Cultural Sensitivity in Working with Children and Families.* (Chapter in forthcoming book). Available from author, Douglas College, British Columbia, 1992.

Souweine, J., Crimmins, S. and Mazel, C. *Mainstreaming Ideas for Teaching Young Children.* Washington, DC: National Association for the Education of Young Children, 1981.

"Special Issue on Early Childhood Education." *Multiculturalism,* Vol. XIV, Nos. 2/3, 1992.

"Special Issue on Family Diversity." *Topics in Early Childhood Special Education,* 12(3), 1992.

SpeciaLink. 1(1), 1990; 2(1) 1991; 2(2), 1991; 2(3), 1991; 3(1), 1992.

Stone, J. and Steinbach, A. *The Children's Services Review Project.* Fredericton, NB: The New Brunswick Association for Community Living, 1991.

"Special Issue on Latchkey Kids." *Teaching Exceptional Children*, 23(3), 1991.

Thomas, Barb. *Multiculturalism at Work: A guide to organizational change*. Toronto: YWCA, 1987.

Thurman, S.K. and Widerstrom, A.H. *Infants with Special Needs: A developmental and ecological approach* (2nd ed.). Baltimore, MD: Paul H. Brookes Publishing Co., 1990.

Wickham-Searl, Parnel. "Careers in Caring: Mothers of children with disabilities." *Disability, Handicap and Society*, 7(1), 1992.

Williams, J. *Reflections on an Integrated Preschool Program*. BAEYC Reports of the Boston Association for the Education of Young Children, Vol. XVI, No. 2, 1975.

Winzer, Margret. *Children with Exceptionalities: A Canadian Perspective* (2nd ed.). Scarborough, ON: Prentice-Hall Canada, Inc., 1990.

Yukon. Child Care Consultation Panel. *We Care: Yukoners talk about child care*. Whitehorse, 1988.

Yukon. Health and Human Resources. *Working Together: A first year review of the Yukon Child Care Strategy*. 1990.

Zigler, E.F. and Lang, M.E. *Child Care Choices*. Toronto: Collier Macmillan Canada Inc., 1991.

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A parent

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